

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION  
OPIATE LITIGATION, MDL No. 2804  
Case No. 17-md-2804  
Judge Dan Polster

This document relates to:

The County of Summit, Ohio et al. v.  
Purdue Pharma L.P., et al.

Case No. 17-OP-45004

The County of Cuyahoga v.  
Purdue Pharma L.P., et al.

Case No. 18-OP-45090

City of Cleveland, Ohio v.  
Purdue Pharma L.P., et al.

Case No. 18-OP-45132

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VIDEOTAPED DEPOSITION OF VINCENT CARAFFI
Wednesday, January 23, 2019, at 9:07 a.m.
Cleveland, Ohio

Reported by:
Paula Raskin, CSR-4757
Ref. No. 3202797

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| <p style="text-align: right;">Page 2</p> <p>1 -oOo-</p> <p>2</p> <p>3 On Wednesday, November 19, 2018,</p> <p>4 commencing at approximately 9:07 a m., the</p> <p>5 videotaped deposition of VINCENT CARAFFI, taken</p> <p>6 by Counsel for the Defendants, was held at the</p> <p>7 offices of Kelley & Ferraro, Ernst & Young</p> <p>8 Tower, 950 Main Avenue, Suite 1300, Cleveland,</p> <p>9 Ohio, before and stenographically reported by</p> <p>10 Paula S. Raskin, CSR-4757, Notary Public.</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> | <p style="text-align: right;">Page 4</p> <p>1 APPEARANCES (Cont.):</p> <p>2</p> <p>3 On behalf of the Teva Defendants</p> <p>4 MORGAN LEWIS & BOCKIUS LLP</p> <p>5 One Oxford Centre, Floor 32</p> <p>6 Pittsburgh, Pennsylvania 15219</p> <p>7 (412) 560-7455</p> <p>8 BY: WENDY WEST FEINSTEIN, ESQ.</p> <p>9 wendy.feinstein@morganlewis.com</p> <p>10 -and-</p> <p>11 MORGAN LEWIS & BOCKIUS LLP</p> <p>12 77 West Wacker Drive</p> <p>13 Chicago, Illinois 60601</p> <p>14 (312) 324-1492</p> <p>15 BY: ZACHARY LAZAR, ESQ. (Via Phone)</p> <p>16 zachary.lazar@morganlewis.com</p> <p>17</p> <p>18 On behalf of Johnson & Johnson and</p> <p>19 Janssen Pharmaceuticals</p> <p>20 TUCKER ELLIS LLP</p> <p>21 950 Main Avenue, Suite 1100</p> <p>22 Cleveland, Ohio 44113</p> <p>23 (216) 696-3921</p> <p>24 BY: CLIFFORD MENDELSON, ESQ.</p> <p>25 clifford.mendelson@tuckerellis.com</p> |
| <p style="text-align: right;">Page 3</p> <p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of Cuyahoga County and the Witness:</p> <p>4 SCOTT ELLIOT SMITH LPA</p> <p>5 5003 Horizons Drive, Suite 101</p> <p>6 Columbus, Ohio 43220</p> <p>7 (614) 486-4987</p> <p>8 BY: SCOTT ELLIOT SMITH, ESQ.</p> <p>9</p> <p>10 On behalf of Cardinal Health:</p> <p>11 WILLIAMS & CONNOLLY LLP</p> <p>12 725 Twelfth Street NW</p> <p>13 Washington, DC 20005</p> <p>14 (202) 434-5000</p> <p>15 BY: PAUL E. BOEHM, ESQ.</p> <p>16 pboehm@wc.com</p> <p>17 BY: MELINDA K. JOHNSON, ESQ.</p> <p>18 mkjohnson@wc.com</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> | <p style="text-align: right;">Page 5</p> <p>1 APPEARANCES (Cont.):</p> <p>2</p> <p>3 On behalf of Walmart</p> <p>4 JONES DAY</p> <p>5 901 Lakeside Avenue E</p> <p>6 Cleveland, Ohio 44114</p> <p>7 (216) 586-3939</p> <p>8 BY: ADAM HOLLINGSWORTH, ESQ.</p> <p>9 ahollingsworth@jonesday.com</p> <p>10</p> <p>11 On behalf of Rite-Aid</p> <p>12 MORGAN LEWIS & BOCKIUS LLP</p> <p>13 1000 Louisiana Street, Suite 4000</p> <p>14 Houston, Texas 77002</p> <p>15 (713) 890-5472</p> <p>16 BY: JAMES A. NORTEY II, ESQ.</p> <p>17 james.nortey@morganlewis.com</p> <p>18</p> <p>19 On behalf of AmerisourceBergen:</p> <p>20 JACKSON KELLY PLLC</p> <p>21 500 Lee Street East, Suite 1600</p> <p>22 Charleston, West Virginia 25301</p> <p>23 (304) 340-1018</p> <p>24 BY: JILL McINTYRE, ESQ. (Via Phone)</p> <p>25 jmcintyre@jacksonkelly.com</p> |

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| <p style="text-align: right;">Page 6</p> <p>1 APPEARANCES (Cont.):</p> <p>2</p> <p>3 On behalf of McKesson:</p> <p>4 COVINGTON & BURLING</p> <p>5 One CityCenter</p> <p>6 850 Tenth Street, NW</p> <p>7 Washington, DC 20001</p> <p>8 (202) 662-6000</p> <p>9 BY: MICHELLE L. YOCUM, ESQ. (Via Phone)</p> <p>10 myocum@cov.com</p> <p>11</p> <p>12 Appearing on behalf of the Endo Defendants</p> <p>13 BAKER & HOSTETLER LLP</p> <p>14 Key Tower, 127 Public Square</p> <p>15 Suite 2000</p> <p>16 Cleveland, Ohio 44114</p> <p>17 (216) 621-0200</p> <p>18 BY: RUTH E. HARTMAN, ESQ. (Via Phone)</p> <p>19 rhartman@bakerlaw.com</p> <p>20</p> <p>21</p> <p>22 ALSO PRESENT:</p> <p>23 Gil Whitney - Video Technician</p> <p>24</p> <p>25</p> | <p style="text-align: right;">Page 8</p> <p>1 EXHIBIT 7 Ohio's Drug Epidemic: Contributing 221</p> <p>2 Factors and Ongoing Prevention Efforts</p> <p>3 EXHIBIT 8 E-Mail String 270</p> <p>4 EXHIBIT 9 E-Mail String - Subject: Heroin Action 299</p> <p>5 Plan and More</p> <p>6 EXHIBIT 10 Drug-Related Emergency Room Visits 316</p> <p>7 January 1 - September 30, 2016</p> <p>8 EXHIBIT 11 Memo - January 16th, 2018 - Meeting 333</p> <p>9 between Vince Caraffi, Najeebah Shine,</p> <p>10 and Annie Dunham</p> <p>11</p> <p>12 (Exhibits attached to transcript.)</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> |
| <p style="text-align: right;">Page 7</p> <p>1 EXAMINATIONS</p> <p>2</p> <p>3</p> <p>4 WITNESS PAGE</p> <p>5 VINCENT CARAFFI</p> <p>6 EXAMINATION BY MR. BOEHM: 12</p> <p>7 EXAMINATION BY MS. FEINSTEIN: 350</p> <p>8 EXAMINATION BY MR. NORTEY: 358</p> <p>9</p> <p>10</p> <p>11 EXHIBITS</p> <p>12</p> <p>13 NUMBER DESCRIPTION PAGE</p> <p>14 EXHIBIT 1 Caraffi Resumè 29</p> <p>15 EXHIBIT 2 Cuyahoga County Board of Health 65</p> <p>16 Organizational Chart</p> <p>17 EXHIBIT 3 E-Mail String 138</p> <p>18 EXHIBIT 4 E-Mail String - Caraffi to Delos Reyes - 150</p> <p>19 Subject: Heroin Deaths and Legal</p> <p>20 Prescriptions</p> <p>21 EXHIBIT 5 Cuyahoga County Board of Health 2010 163</p> <p>22 Annual Report</p> <p>23 EXHIBIT 6 Ohio Prescription Drug Abuse Task Force - 191</p> <p>24 Presented to Governor Strickland and the</p> <p>25 Ohio General Assembly</p> | <p style="text-align: right;">Page 9</p> <p>1 Cleveland, Ohio</p> <p>2 Wednesday, January 23, 2019</p> <p>3 9:07 a.m.</p> <p>4 VIDEO TECHNICIAN: Good morning.</p> <p>5 We're going on the record at 9:07 a.m. on</p> <p>6 January 23rd, 2019.</p> <p>7 Please note that the microphones are</p> <p>8 sensitive and may pick up whispering,</p> <p>9 private conversations, and cellular</p> <p>10 interference. Please turn off all cell</p> <p>11 phones or place them away from the</p> <p>12 microphones, as they can interfere with the</p> <p>13 deposition audio.</p> <p>14 Audio and video recording will</p> <p>15 continue to take place unless all parties</p> <p>16 agree to go off the record.</p> <p>17 This is Media Unit 1 of the</p> <p>18 video-recorded deposition of Vince Caraffi</p> <p>19 taken by counsel for plaintiff in the</p> <p>20 matter of Re: National Prescription Opiate</p> <p>21 Litigation versus United States District</p> <p>22 Court -- filed in the United States</p> <p>23 District Court, Northern District of Ohio,</p> <p>24 Eastern Division.</p> <p>25 This deposition is being held at 950</p> |

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| <p style="text-align: right;">Page 10</p> <p>1 Main Avenue, Suite 1300, Cleveland, Ohio. 2 My name is Gill Whitney, and I'm from 3 Veritext and I'm the videographer. The 4 court reporter is Paula Raskin from 5 Veritext. I'm not related to any party in 6 this action, nor am I financially 7 interested in the outcome. 8 Counsel and all present in the room 9 and everybody attending remotely will now 10 state their appearance and affiliations for 11 the record. 12 If there are any objections to the 13 proceedings, please state them at the time 14 of your appearance, beginning with the 15 noticing attorney. 16 MR. SMITH: For the plaintiff, 17 Cuyahoga County, Scott Elliot Smith, and 18 for Vince Caraffi, the deponent. 19 MR. BOEHM: Paul Boehm from 20 Williams & Connolly for Cardinal. 21 And just for the record, Gil, you 22 indicated at the beginning that this was a 23 deposition taken by plaintiff, and actually 24 it's a deposition taken by defendants. 25 VIDEO TECHNICIAN: Thank you.</p> | <p style="text-align: right;">Page 12</p> <p>1 VIDEO TECHNICIAN: Please swear the 2 witness. 3 4 VINCENT CARAFFI, 5 was thereupon called as a witness herein, 6 and after having first been duly sworn to 7 testify to the truth, the whole truth and 8 nothing but the truth, was examined and 9 testified as follows: 10 EXAMINATION 11 BY MR. BOEHM: 12 Q. Good morning, Mr. Caraffi. 13 A. Good morning. 14 Q. Thank you for being here. We 15 introduced ourselves before we went on the 16 record, but just for the record, my name is Paul 17 Boehm. I represent one of the defendants in 18 this matter and I'll be asking you some 19 questions today. 20 Have you ever been deposed before 21 today? 22 A. No, I have not. 23 Q. Plaintiff's counsel may have already 24 given you an idea of how this works, but I just 25 want to give you a few tips or rules of the</p> |
| <p style="text-align: right;">Page 11</p> <p>1 MS. JOHNSON: Melinda Johnson, 2 Williams & Connolly, for Cardinal. 3 MS. FEINSTEIN: Wendy West Feinstein 4 with Morgan Lewis for the Teva defendants. 5 MR. MENDELSON: Clifford Mendelsohn 6 from Tucker Ellis on behalf of Johnson & 7 Johnson and Janssen Pharmaceuticals. 8 MR. HOLLINGSWORTH: Adam 9 Hollingsworth from Jones Day on behalf of 10 Walmart. 11 MR. NORTEY: James Nortey with Morgan 12 Lewis on behalf of Rite-Aid. 13 VIDEO TECHNICIAN: Please swear the 14 witness. 15 MR. BOEHM: We want to make sure we 16 get people on the phone, do we not? 17 VIDEO TECHNICIAN: Yes. 18 MS. MCINTYRE: Jill McIntyre, Jackson 19 Kelly, on behalf of AmerisourceBergen Drug 20 Corporation. 21 MS. YOCUM: Michelle Yocum from 22 Covington & Burling on behalf of McKesson. 23 MR. LAZAR: Zachary Lazar with Morgan 24 Lewis & Bockius on behalf of the Teva 25 defendants.</p> | <p style="text-align: right;">Page 13</p> <p>1 road. 2 One of them is that we try our very 3 best to not talk at the same time. The most 4 important reason for that is because the court 5 reporter here is trying to write down what 6 everybody says, and if we're both speaking at 7 the same time, that becomes difficult to do. 8 Does that make sense? 9 A. Yes. 10 Q. Let me know if you don't understand a 11 question before you answer. Is that fair? 12 A. Yes. 13 Q. And it may be, although I guess we'll 14 see, that Scott could lodge some objections to 15 form, which is a way of preserving objections 16 that a lawyer might have to be resolved at a 17 later time. That should not stop you from 18 proceeding to answer the question. Does that 19 make sense? 20 A. Yes. 21 Q. Have you done anything to prepare for 22 the deposition that you're giving here today? 23 A. Yes. 24 Q. What have you done? 25 A. I met with counsel yesterday.</p> |

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| <p style="text-align: right;">Page 14</p> <p>1 Q. Who did you meet with?</p> <p>2 A. I met with Scott and Frank Gallucci.</p> <p>3 Q. For how long did you meet?</p> <p>4 A. We met from 9 o'clock to 4:30</p> <p>5 approximately.</p> <p>6 Q. Okay. Have you only had one meeting</p> <p>7 with the lawyers for the plaintiff to prepare?</p> <p>8 A. My recollection is I've had two.</p> <p>9 Q. When was the first meeting?</p> <p>10 A. I would say recollection is last</p> <p>11 year, maybe in the fall, I met with Frank.</p> <p>12 Q. The fall of 2018?</p> <p>13 A. Correct.</p> <p>14 Q. And when you say Frank, you mean</p> <p>15 Mr. Gallucci?</p> <p>16 A. Yes. I'm sorry.</p> <p>17 Q. No, that's fine. I just --</p> <p>18 A. Mr. Gallucci, yes.</p> <p>19 Q. Yeah. For how long did you meet with</p> <p>20 Frank Gallucci in the fall of 2018?</p> <p>21 A. My recollection is about 45 minutes.</p> <p>22 Q. Have you reviewed any documents to</p> <p>23 prepare for your deposition?</p> <p>24 A. I have not.</p> <p>25 Q. Have you read any transcripts of</p> | <p style="text-align: right;">Page 16</p> <p>1 Q. It wasn't my most elegant. I'll try</p> <p>2 again.</p> <p>3 A. That's why I asked.</p> <p>4 Q. Did anybody ever ask you to consult</p> <p>5 or provide your own views, opinions, or</p> <p>6 perspectives about the nature of the claims</p> <p>7 being made in this lawsuit on behalf of Cuyahoga</p> <p>8 County?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. I can't answer that. I did not read</p> <p>11 the -- I didn't read the complaint.</p> <p>12 Q. Did anybody ever ask you to express</p> <p>13 your views or opinions about whether to file the</p> <p>14 lawsuit?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. I can't answer that question.</p> <p>17 Q. Why not?</p> <p>18 A. I haven't read the complaint. I was</p> <p>19 never asked to put any input on the complaint,</p> <p>20 so I can't answer that question.</p> <p>21 Q. Got it. My question's a little bit</p> <p>22 different. I'm asking whether or not anybody</p> <p>23 asked your opinion about whether or not a</p> <p>24 lawsuit should be filed on behalf of Cuyahoga</p> <p>25 County.</p> |
| <p style="text-align: right;">Page 15</p> <p>1 depositions that other individuals have given in</p> <p>2 this matter?</p> <p>3 A. I have not.</p> <p>4 Q. Have you had discussions with</p> <p>5 anybody, other than the lawyers who you just</p> <p>6 identified, about this case or about the fact</p> <p>7 that you would be giving deposition testimony?</p> <p>8 A. I have not.</p> <p>9 Q. Have you read the written complaint</p> <p>10 that Cuyahoga County prepared and submitted for</p> <p>11 purposes of this lawsuit?</p> <p>12 A. I have not.</p> <p>13 Q. Have you skimmed it or even seen it?</p> <p>14 A. I have not seen it.</p> <p>15 Q. Are you aware that a written</p> <p>16 complaint has been filed and submitted on behalf</p> <p>17 of Cuyahoga County for this lawsuit?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know the defendants in this</p> <p>20 case?</p> <p>21 A. No, I do not.</p> <p>22 Q. I take it you were not consulted</p> <p>23 about the content of the written complaint, is</p> <p>24 that fair, before it was filed?</p> <p>25 A. I don't understand your question.</p> | <p style="text-align: right;">Page 17</p> <p>1 A. No.</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 Q. Did anybody ever ask you what factors</p> <p>4 you consider to be contributing factors to</p> <p>5 opioid abuse and overdose trends in Cuyahoga</p> <p>6 County at any time before the County filed its</p> <p>7 lawsuit in this matter?</p> <p>8 MR. SMITH: Objection; form.</p> <p>9 A. Could you ask the question again,</p> <p>10 please?</p> <p>11 Q. Sure. Did anybody ask you what</p> <p>12 factors that you considered to be contributing</p> <p>13 factors to trends of opioid abuse or</p> <p>14 opioid-related overdoses in Cuyahoga County</p> <p>15 before the lawsuit was filed on behalf of the</p> <p>16 County?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. I can't answer that question.</p> <p>19 Q. Why not?</p> <p>20 A. You need to explain it a little</p> <p>21 better to me. You're still -- it's still</p> <p>22 confusing.</p> <p>23 Q. Okay.</p> <p>24 A. I didn't read the --</p> <p>25 Q. I know you didn't read the complaint,</p> |

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| <p style="text-align: right;">Page 18</p> <p>1 so I'm actually trying to put the written paper</p> <p>2 aside --</p> <p>3 A. Okay.</p> <p>4 Q. -- and just ask you whether or not</p> <p>5 anybody came to you and asked you, before the</p> <p>6 complaint was filed, "Mr. Caraffi, can you</p> <p>7 please share with us what your views are about</p> <p>8 what the contributing factors to the opioid</p> <p>9 abuse epidemic in Cuyahoga County are," at some</p> <p>10 point before the lawsuit was submitted to the</p> <p>11 Court?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. Is this in general or pertaining to</p> <p>14 the complaint? That's what I -- the way you're</p> <p>15 asking the question, I'm not -- it's so vague.</p> <p>16 Q. Pertaining to the allegations that</p> <p>17 are made on behalf of the County in the lawsuit.</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Pertaining to the complaint, no.</p> <p>20 Q. Are you willing to share whether or</p> <p>21 not you personally have ever used prescription</p> <p>22 opioid medication?</p> <p>23 MR. SMITH: Objection.</p> <p>24 Instruct the witness not to answer.</p> <p>25 MR. BOEHM: My question is whether or</p> | <p style="text-align: right;">Page 20</p> <p>1 disorder?</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. I have a personal experience of</p> <p>4 family-wise, and I have also friends who have</p> <p>5 lost loved ones to prescription opioid abuse.</p> <p>6 Q. Are you willing to share the nature</p> <p>7 of those circumstances?</p> <p>8 MR. SMITH: Can I have a</p> <p>9 clarification --</p> <p>10 MR. BOEHM: Sure.</p> <p>11 MR. SMITH: -- just so you can ask</p> <p>12 your questions?</p> <p>13 MR. BOEHM: Of course.</p> <p>14 MR. SMITH: I'm going to instruct him</p> <p>15 not to answer and provide any names.</p> <p>16 But if you want to give general</p> <p>17 experiences, I will not object.</p> <p>18 A. I don't feel comfortable offering</p> <p>19 names, but I can tell you from a personal</p> <p>20 experience, family, and then I have lost friends</p> <p>21 to overdose and I have friends that are</p> <p>22 currently going through the cycle of</p> <p>23 prescription opioid abuse with their family</p> <p>24 members.</p> <p>25 Q. You said you have a family member who</p> |
| <p style="text-align: right;">Page 19</p> <p>1 not the witness is willing to share that</p> <p>2 information. I know that you -- are you</p> <p>3 flatly telling him not to answer?</p> <p>4 MR. SMITH: I guess you can ask him</p> <p>5 that question, but even if he said yes, I'm</p> <p>6 going to instruct him not to answer that</p> <p>7 question.</p> <p>8 Would you like to know if he wants to</p> <p>9 share it first and then ask the question?</p> <p>10 MR. BOEHM: Yeah. Sure. You can --</p> <p>11 let's do it that way if that's how you want</p> <p>12 to --</p> <p>13 MR. SMITH: He's asking if you're</p> <p>14 willing to share.</p> <p>15 Q. Are you -- would you be willing to</p> <p>16 share whether or not you personally have ever</p> <p>17 been prescribed a prescription opioid</p> <p>18 medication?</p> <p>19 A. I can't recall if I have.</p> <p>20 MR. SMITH: Okay. Well, I want to</p> <p>21 move to strike because he didn't answer</p> <p>22 your question, but he answered the second</p> <p>23 question probably.</p> <p>24 Q. Have any of your close friends or</p> <p>25 family members ever experienced a substance use</p> | <p style="text-align: right;">Page 21</p> <p>1 has --</p> <p>2 A. I'm not going to go any further into</p> <p>3 that. I explained --</p> <p>4 MR. SMITH: Well, just listen to his</p> <p>5 question.</p> <p>6 THE WITNESS: Okay.</p> <p>7 MR. SMITH: He said --</p> <p>8 THE WITNESS: Sorry about that.</p> <p>9 Q. Is the family member somebody who has</p> <p>10 an opioid use disorder, or is it a different</p> <p>11 substance?</p> <p>12 A. It's a polypharmacy.</p> <p>13 Q. Poly...</p> <p>14 A. Pharmacy.</p> <p>15 Q. And by polypharmacy, you mean there</p> <p>16 are multiple substances at issue?</p> <p>17 A. With opioids involved in that</p> <p>18 multiple substance use, yes.</p> <p>19 Q. What are the other substances?</p> <p>20 A. Cocaine, alcohol, methamphetamine.</p> <p>21 Q. With respect to this particular</p> <p>22 individual, do you know what was the first</p> <p>23 substance that this individual developed a use</p> <p>24 disorder with?</p> <p>25 A. I'm not sharing that.</p> |

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| <p style="text-align: right;">Page 22</p> <p>1 (Reporter clarification.)</p> <p>2 A. I can't answer that question.</p> <p>3 Q. I think you first said "I'm not</p> <p>4 sharing that." Did I hear you right?</p> <p>5 A. I can't answer that question.</p> <p>6 Q. And is that because you don't know,</p> <p>7 or is it because you just would rather not share</p> <p>8 that?</p> <p>9 A. It's a personal matter.</p> <p>10 Q. Okay. And then you indicated that</p> <p>11 you have some friends as well who have</p> <p>12 experienced substance use disorder?</p> <p>13 A. Yes.</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 Q. And how many individuals did you have</p> <p>16 in mind?</p> <p>17 A. Two individuals clearly that come to</p> <p>18 mind, from my recollection.</p> <p>19 Q. What substances do those two</p> <p>20 individuals have a use disorder with?</p> <p>21 A. Prescription pain medication.</p> <p>22 Q. Do they -- did those individuals</p> <p>23 abuse non-prescription opioid medications?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. Following their abuse of prescription</p> | <p style="text-align: right;">Page 24</p> <p>1 A. Yes.</p> <p>2 Q. And you indicated that you had</p> <p>3 learned that through conversations. Did you</p> <p>4 mean to say that those conversations are ones</p> <p>5 you had with the individuals who are</p> <p>6 experiencing the substance use disorders?</p> <p>7 A. Those individuals are no longer</p> <p>8 alive, so I don't have conversations with them.</p> <p>9 Q. Did they experience an overdose?</p> <p>10 A. They both overdosed on prescription</p> <p>11 pain medication.</p> <p>12 Q. Were their overdoses found to be</p> <p>13 prescription opioid overdoses?</p> <p>14 A. I don't have the information on those</p> <p>15 subjects. I mean I don't have the medical</p> <p>16 examiner's report to indicate, you know, what</p> <p>17 was claimed on that. I can't answer that</p> <p>18 question.</p> <p>19 Q. Okay. You don't know exactly what</p> <p>20 substances were found in the toxicology report</p> <p>21 for those individuals' overdoses. Is that</p> <p>22 right?</p> <p>23 A. I did not read the toxicology</p> <p>24 reports, no.</p> <p>25 Q. Do you know if those individuals</p> |
| <p style="text-align: right;">Page 23</p> <p>1 pain pills, yes.</p> <p>2 Q. Okay. Do you know whether or not</p> <p>3 those individuals received, as an initial</p> <p>4 matter, a prescription opioid from a licensed</p> <p>5 physician for a legitimate medical need?</p> <p>6 A. Yes, they did.</p> <p>7 Q. What was the injury?</p> <p>8 A. I can't answer that question.</p> <p>9 Q. Because you don't know or because you</p> <p>10 would rather not share that?</p> <p>11 A. I don't know what their first visit</p> <p>12 to the doc was. I don't have that information.</p> <p>13 Q. I take it you don't know who the</p> <p>14 physicians were who prescribed those</p> <p>15 medications?</p> <p>16 A. No, I do not.</p> <p>17 Q. Is it your understanding that in both</p> <p>18 instances, medications were prescribed for a</p> <p>19 legitimate medical need by the licensed</p> <p>20 physicians?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. Through conversation, yes, legally</p> <p>23 prescribed prescription medication.</p> <p>24 Q. For legitimate medical needs?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 25</p> <p>1 abused heroin?</p> <p>2 A. One of them had a prescription pain</p> <p>3 pill medication problem that led to heroin, yes.</p> <p>4 The other one was strictly pain pills.</p> <p>5 Q. Do you know how those individuals</p> <p>6 received prescription medications to -- sorry,</p> <p>7 you have to wait till I'm done.</p> <p>8 A. Okay. I'm sorry about that.</p> <p>9 Q. Do you know how those individuals</p> <p>10 received their prescription pain medications, to</p> <p>11 the extent they abused those medications during</p> <p>12 their addiction?</p> <p>13 MR. SMITH: Objection; form.</p> <p>14 A. I cannot answer that.</p> <p>15 Q. Why can't you answer that?</p> <p>16 A. I don't -- I didn't know their daily</p> <p>17 routines. I didn't follow them on a daily basis</p> <p>18 to see what their, you know, activities were.</p> <p>19 Q. Okay. So you can't answer that</p> <p>20 question because you don't know what the answer</p> <p>21 is, right?</p> <p>22 A. Correct.</p> <p>23 Q. When did those individuals pass away</p> <p>24 from their overdoses?</p> <p>25 A. One was last year, and the other one</p> |

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| <p style="text-align: right;">Page 26</p> <p>1 was four years ago.</p> <p>2 Q. Did those individuals abuse any</p> <p>3 substances other than opioids?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. I think I already answered that.</p> <p>6 Q. You might have and I might have</p> <p>7 misunderstood it. I thought you had said that</p> <p>8 those --</p> <p>9 A. I said one of them died from</p> <p>10 prescription medication that I know of.</p> <p>11 MR. SMITH: Wait. Wait till he asks</p> <p>12 the question --</p> <p>13 THE WITNESS: Okay. I'm sorry about</p> <p>14 that.</p> <p>15 MR. SMITH: -- before you answer the</p> <p>16 question. Okay?</p> <p>17 THE WITNESS: Yes.</p> <p>18 Q. It's okay. It's a hard thing to get</p> <p>19 used to.</p> <p>20 A. Go ahead. I'm sorry.</p> <p>21 Q. No problem.</p> <p>22 You might have answered this, and I</p> <p>23 apologize if I'm asking the same question again.</p> <p>24 One of the individuals I know you had</p> <p>25 said abused cocaine as well, right? Or was that</p> | <p style="text-align: right;">Page 28</p> <p>1 A. Yes.</p> <p>2 Q. Okay. And prescription opioid</p> <p>3 medications are opioids, right?</p> <p>4 A. Correct.</p> <p>5 Q. So my question is whether or not</p> <p>6 these individuals abused any substances other</p> <p>7 than opioids.</p> <p>8 MR. SMITH: Objection; form.</p> <p>9 A. And I think I already answered that.</p> <p>10 I said the individual who had a prescription</p> <p>11 pain medication abuse problem, it's all that I</p> <p>12 was aware of. The individual who died from the</p> <p>13 prescription pain abuse and heroin, that's all I</p> <p>14 know for those two individuals.</p> <p>15 Q. Okay. You don't know of any other</p> <p>16 substances that they were abusing?</p> <p>17 A. No, I do not.</p> <p>18 Q. And I take it you're not willing to</p> <p>19 share the names of those individuals? Did I</p> <p>20 understand that correctly?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. I'm not sharing the names.</p> <p>23 THE WITNESS: Am I talking too soft</p> <p>24 for you?</p> <p>25 (Reporter clarification.)</p> |
| <p style="text-align: right;">Page 27</p> <p>1 the family member?</p> <p>2 THE WITNESS: Can I see what I said,</p> <p>3 because...</p> <p>4 MR. SMITH: Use your best</p> <p>5 recollection.</p> <p>6 A. My recollection is that you're mixing</p> <p>7 what I told you about my personal family member</p> <p>8 in addition to the two individuals that I'm</p> <p>9 speaking with.</p> <p>10 Q. I think you're right, that I am doing</p> <p>11 that, so just help me out.</p> <p>12 A. So if you could ask me the question</p> <p>13 again, that would be helpful.</p> <p>14 Q. Sure. My question right now is with</p> <p>15 respect to the two friends that you started to</p> <p>16 discuss, do you know whether or not either of</p> <p>17 them abused any substances other than opioids?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Yes.</p> <p>20 Q. And what is the answer to that?</p> <p>21 A. The answer is one died of</p> <p>22 prescription pain medication. The other one</p> <p>23 died from heroin is what I had said previously.</p> <p>24 Q. Okay. So heroin is an opioid, right?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 29</p> <p>1 THE WITNESS: I said I'm not willing</p> <p>2 to share the names of those individuals.</p> <p>3 I'm sorry about that. I'll try and speak</p> <p>4 louder.</p> <p>5 MR. SMITH: Just try to keep your</p> <p>6 voice up a little bit.</p> <p>7 THE WITNESS: Okay.</p> <p>8 (DEPOSITION EXHIBIT 1 MARKED</p> <p>9 FOR IDENTIFICATION at 9:27 a.m.)</p> <p>10 Q. Mr. Caraffi, over the course of the</p> <p>11 day, I'll be marking documents as exhibits to</p> <p>12 your deposition, and the first of those is in</p> <p>13 front of you now. It's been marked as Exhibit 1</p> <p>14 for purposes of your deposition, and this is a</p> <p>15 document that was produced to us by the lawyers</p> <p>16 in the case. It appears to be a resumé of yours</p> <p>17 from some time in the past.</p> <p>18 Do you see that document in front of</p> <p>19 you now?</p> <p>20 A. Yes, I do.</p> <p>21 Q. Is this a resumé of yours?</p> <p>22 A. Yes, it is.</p> <p>23 Q. Your resumé indicates that you</p> <p>24 received a bachelor's degree from Ohio</p> <p>25 University in 1990. Is that correct?</p> |

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| <p style="text-align: right;">Page 30</p> <p>1 A. Yes.</p> <p>2 Q. What was that degree in?</p> <p>3 A. Liberal arts. Bachelor of science</p> <p>4 liberal arts.</p> <p>5 Q. And then in 2005, your resumé</p> <p>6 indicates you received a master's of public</p> <p>7 health from Cleveland State University, right?</p> <p>8 A. That is correct.</p> <p>9 Q. Okay. Why did you decide to study</p> <p>10 for a master's of public health?</p> <p>11 A. I think I looked at it from the</p> <p>12 standpoint as a learning opportunity to better</p> <p>13 myself, to get a better understanding of the</p> <p>14 discipline that I was in at that point in time</p> <p>15 and also hopefully provide additional</p> <p>16 opportunities in the future.</p> <p>17 Q. Did you have a particular specialty</p> <p>18 in mind or profession you wanted to pursue when</p> <p>19 you decided to study for a master's of public</p> <p>20 health?</p> <p>21 A. Prior to going in?</p> <p>22 Q. Right. Yeah, as part of your</p> <p>23 decision to --</p> <p>24 A. No. My decision at that point in</p> <p>25 time, as I stated, was to get a better</p> | <p style="text-align: right;">Page 32</p> <p>1 one stand.</p> <p>2 Q. What did you do for work after you</p> <p>3 graduated from Ohio University in 1990?</p> <p>4 A. Prior to getting the job with the</p> <p>5 board of health? Is that the question?</p> <p>6 Q. Your resumé indicates that you got a</p> <p>7 job as a field sanitarian in 1998.</p> <p>8 A. A filled? Field? Field sanitarian?</p> <p>9 Q. That's what your resumé states.</p> <p>10 MR. SMITH: That's how he pronounced</p> <p>11 field.</p> <p>12 A. Okay. I'm sorry about that. I</p> <p>13 didn't understand the way you said "field."</p> <p>14 I interviewed for the Cuyahoga County</p> <p>15 Board of Health position as a sanitarian.</p> <p>16 Q. In 1990?</p> <p>17 My question to you --</p> <p>18 A. No, no.</p> <p>19 Q. My question right now to you,</p> <p>20 Mr. Caraffi, is, what did you do after you</p> <p>21 graduated from Ohio University in 1990?</p> <p>22 Your resumé has a gap. It doesn't</p> <p>23 reflect anything that you did between 1990 and</p> <p>24 1998.</p> <p>25 A. I understand. I worked at a local</p> |
| <p style="text-align: right;">Page 31</p> <p>1 understanding of what other interests or career</p> <p>2 opportunities a master's of public health would</p> <p>3 hold for me. I was looking to the future.</p> <p>4 Q. Okay. So you didn't have any</p> <p>5 particular profession or objective in mind in</p> <p>6 terms of the specific work you wanted to do when</p> <p>7 you decided to study for a master's of public</p> <p>8 health? Is that correct?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 (Reporter clarification.)</p> <p>11 A. Prior to going in, no, I did not.</p> <p>12 Q. What did you do after you graduated</p> <p>13 from Ohio University in 1990?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 MR. BOEHM: What's the basis of that</p> <p>16 objection?</p> <p>17 MR. SMITH: What did he do, like did</p> <p>18 he walk down the street? Did he --</p> <p>19 MR. BOEHM: Oh, I see.</p> <p>20 MR. SMITH: -- go to his apartment?</p> <p>21 MR. BOEHM: Fair enough.</p> <p>22 MR. SMITH: Did he go to another --</p> <p>23 MR. BOEHM: I'll let it stand.</p> <p>24 MR. SMITH: You get the idea.</p> <p>25 MR. BOEHM: I do, but I'll let that</p> | <p style="text-align: right;">Page 33</p> <p>1 restaurant.</p> <p>2 Q. What did you do?</p> <p>3 A. I was a part-time cook. I also</p> <p>4 worked as a landscaper.</p> <p>5 Q. For how many years did you do that?</p> <p>6 A. It was just over the summer and to</p> <p>7 the fall until I started with the board of</p> <p>8 health.</p> <p>9 Q. What other jobs did you have between</p> <p>10 1990 and 1998?</p> <p>11 A. I worked for the board of health.</p> <p>12 Q. When did you first get a position at</p> <p>13 the Cuyahoga County Board of Health?</p> <p>14 A. January 1st of 1991.</p> <p>15 Q. What position did you assume in</p> <p>16 January 1991?</p> <p>17 A. I was a field sanitarian for the</p> <p>18 Cuyahoga County Board of Health.</p> <p>19 Q. Why does your resumé say that you</p> <p>20 were a field sanitarian from -- oh, I'm sorry.</p> <p>21 I'm reading it backwards.</p> <p>22 So you have it from 1998 to '91, but</p> <p>23 is that transposed or is -- maybe I'm just not</p> <p>24 familiar with that format.</p> <p>25 A. That was the format that I was asked</p> |

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| <p style="text-align: right;">Page 34</p> <p>1 to put it in.</p> <p>2 Q. That's my mistake. I was seeing the</p> <p>3 1998 first and that threw me off, but I see.</p> <p>4 So you were hired as a field</p> <p>5 sanitarian at the Cuyahoga County Board of</p> <p>6 Health in 1991, right?</p> <p>7 A. Correct.</p> <p>8 Q. And you held that position until</p> <p>9 1998?</p> <p>10 A. Yes. Then I became a program</p> <p>11 manager.</p> <p>12 Q. What is a field sanitarian?</p> <p>13 A. Our structure in the board of health,</p> <p>14 as an entry position, you would be considered a</p> <p>15 field sanitarian.</p> <p>16 So depending on what your discipline</p> <p>17 is -- if you're involved in water quality, you'd</p> <p>18 be doing issues associated with water quality.</p> <p>19 That could be stream monitoring, it could be</p> <p>20 related to home sewage, it could be related to</p> <p>21 EQI, it could be habitat quality index.</p> <p>22 You could also be a field sanitarian</p> <p>23 within the food service industry, which is</p> <p>24 responsible for the inspection of food service</p> <p>25 operations. It could be involved in infectious</p> | <p style="text-align: right;">Page 36</p> <p>1 Q. In 1998, it appears that you became</p> <p>2 the program manager for the solid waste program</p> <p>3 for the Ohio Environmental Protection Agency.</p> <p>4 Is that correct?</p> <p>5 A. That is correct.</p> <p>6 Q. Okay. And it looks like you held</p> <p>7 that position for about six or seven years,</p> <p>8 right?</p> <p>9 A. Correct.</p> <p>10 Q. Did you -- in that position, did you</p> <p>11 continue to have a -- were you working for the</p> <p>12 Cuyahoga County Board of Health at the same</p> <p>13 time, or is this an entirely different employer?</p> <p>14 A. No, this -- the whole time that --</p> <p>15 I've been working for the Cuyahoga County Board</p> <p>16 of Health for the past 28 years.</p> <p>17 Q. Okay. So during the time that you</p> <p>18 were a program manager for the solid waste</p> <p>19 program, you were still a Cuyahoga County Board</p> <p>20 of Health employee. Is that correct?</p> <p>21 A. That is correct.</p> <p>22 Q. In 2004 you became a supervisor for</p> <p>23 environmental health service area? Is that</p> <p>24 right?</p> <p>25 A. That is correct.</p> |
| <p style="text-align: right;">Page 35</p> <p>1 disease control outbreaks.</p> <p>2 Or you could be a district</p> <p>3 sanitarian. A district sanitarian would be</p> <p>4 involved in the inspections of pools, schools.</p> <p>5 It would be involved in vector control as it</p> <p>6 relates to mosquitos and rabies. It could also</p> <p>7 be involved in lead poisoning.</p> <p>8 And then you would have program</p> <p>9 managers, are which [sic] the next field up.</p> <p>10 Program managers are usually designed to oversee</p> <p>11 specific programs.</p> <p>12 As I mentioned to you as an example,</p> <p>13 the food service industry, we have several food</p> <p>14 service program managers. And then the next</p> <p>15 level up would be a supervisor, and then a</p> <p>16 deputy or an assistant director -- it changes</p> <p>17 every couple years -- and then a director.</p> <p>18 Q. Okay. Did you work your way up those</p> <p>19 rungs of the ladder, as it were?</p> <p>20 A. I started in the food service</p> <p>21 industry at that point in time, yes.</p> <p>22 Q. And then did you kind of progress</p> <p>23 into different positions during the years 1991</p> <p>24 through 1998?</p> <p>25 A. Yes.</p> | <p style="text-align: right;">Page 37</p> <p>1 Q. What were your responsibilities in</p> <p>2 that role?</p> <p>3 A. My recollection goes, back to that</p> <p>4 point, I was responsible for supervising -- and</p> <p>5 it changes pertaining to time. Anywhere I have</p> <p>6 a span of control between five and seven people.</p> <p>7 Those individuals are field staff, as I</p> <p>8 explained before, or program managers. It would</p> <p>9 depend on how we were structuring the</p> <p>10 organization, and sometimes that would change</p> <p>11 from year to year.</p> <p>12 Q. In the third full paragraph under</p> <p>13 your "Supervisor, Environmental Health Service</p> <p>14 Area --</p> <p>15 A. You're saying on the second page?</p> <p>16 Q. No, it's on the first page.</p> <p>17 A. Okay.</p> <p>18 Q. It says "Currently chair of the</p> <p>19 Cuyahoga County initiative 'Prescription for</p> <p>20 Prevention' a coalition working with the Ohio</p> <p>21 Department of Health."</p> <p>22 Do you see that?</p> <p>23 A. I do.</p> <p>24 Q. What is the Prescription for</p> <p>25 Prevention Coalition?</p> |

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| <p style="text-align: right;">Page 38</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. The Prescription for Prevention</p> <p>3 program was an initiative out of the Ohio</p> <p>4 Department of Health.</p> <p>5 Basically what they did is, there</p> <p>6 were certain counties that they were looking at</p> <p>7 to provide some resources to provide awareness</p> <p>8 through a local -- at that point in time, it was</p> <p>9 a marketing firm called Fleishman, I want to say</p> <p>10 Hillard. So the Prescription for Prevention was</p> <p>11 an Ohio Department of Health initiative.</p> <p>12 Q. And what was the purpose of the</p> <p>13 initiative?</p> <p>14 A. It was to create awareness about the</p> <p>15 misuse and use of prescription medication,</p> <p>16 primarily prescription pain medication.</p> <p>17 Q. When was that initiative launched?</p> <p>18 A. Well, my recollection takes me back</p> <p>19 to probably 2009.</p> <p>20 Q. What was your role in connection with</p> <p>21 the Prescription for Prevention Initiative</p> <p>22 through the Ohio Department of Health?</p> <p>23 A. At that point in time, it was just</p> <p>24 from a communications standpoint, a</p> <p>25 representative from Cuyahoga County Board of</p> | <p style="text-align: right;">Page 40</p> <p>1 Task Force?</p> <p>2 A. It would depend on -- it could be a</p> <p>3 discrepancy. It could be an error on my</p> <p>4 standpoint. It probably should say Cuyahoga</p> <p>5 County Opiate Task Force if I go back and look</p> <p>6 at that, yes.</p> <p>7 Q. For how long were you the chair of</p> <p>8 the Cuyahoga County Opiate Task Force?</p> <p>9 A. Probably from about -- recollection</p> <p>10 takes me back 2011 till this past August of</p> <p>11 2017.</p> <p>12 Q. You mean 2018?</p> <p>13 A. 2018, I'm sorry.</p> <p>14 Q. That's okay.</p> <p>15 Was the Cuyahoga County Opiate Task</p> <p>16 Force funded through the Prescription for</p> <p>17 Prevention Initiative from the Ohio Department</p> <p>18 of Health?</p> <p>19 A. No, it was not.</p> <p>20 Q. Okay. Do you know how the Cuyahoga</p> <p>21 County Opiate Task Force has received its</p> <p>22 funding?</p> <p>23 A. I do.</p> <p>24 Q. How is that?</p> <p>25 A. Through the Ohio Department of</p> |
| <p style="text-align: right;">Page 39</p> <p>1 Health.</p> <p>2 Q. When you say it was a communications</p> <p>3 perspective, what do you mean by that?</p> <p>4 A. They were looking for somebody in</p> <p>5 Cuyahoga County. I had relationships with the</p> <p>6 Ohio Department of Health through the Ohio</p> <p>7 Injury Prevention Partnership. So they knew me</p> <p>8 from working with them in Columbus on fall</p> <p>9 prevention and related issues for older adults,</p> <p>10 and they were using local health departments as</p> <p>11 a conduit to put out information regarding that</p> <p>12 pilot project.</p> <p>13 Q. What was your role as the chair of</p> <p>14 the Cuyahoga County portion of the Prescription</p> <p>15 for Prevention Initiative?</p> <p>16 A. The Prescription for Prevention</p> <p>17 initiative, really, I didn't have a chair at</p> <p>18 that point in time.</p> <p>19 What we have now is called the</p> <p>20 Cuyahoga County Opiate Task Force. That's what</p> <p>21 I really chaired.</p> <p>22 Q. Okay. So when your resumé here says</p> <p>23 currently chair of the Cuyahoga County</p> <p>24 initiative Prescription for Prevention, did you</p> <p>25 really have in mind the Cuyahoga County Opiate</p> | <p style="text-align: right;">Page 41</p> <p>1 Health, their prescription overdose grant</p> <p>2 funding.</p> <p>3 Q. Is there a name for that program or</p> <p>4 initiative or grant that the Ohio Department of</p> <p>5 Health gave to Cuyahoga County?</p> <p>6 A. Prescription Drug Overdose Grant.</p> <p>7 Q. And that's separate from the</p> <p>8 Prescription for Prevention Initiative that is</p> <p>9 referenced here in your resumé? Is that</p> <p>10 correct?</p> <p>11 A. Right. The Prescription for</p> <p>12 Prevention Initiative, there was no money that</p> <p>13 came to Cuyahoga County. That was funded as</p> <p>14 more of an awareness piece. So the Prescription</p> <p>15 Prevention Initiative eventually morphed into</p> <p>16 the Cuyahoga County Opiate Task Force. That is</p> <p>17 the transition of that initiative through</p> <p>18 Fleishman & Hillard.</p> <p>19 Q. Okay. And then just to complete that</p> <p>20 circle, the Cuyahoga County Opiate Task Force</p> <p>21 then received its funding from this grant from</p> <p>22 the Ohio Department of Health.</p> <p>23 A. Correct, that is the right</p> <p>24 transition.</p> <p>25 Q. The next paragraph, which is just one</p> |

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| <p style="text-align: right;">Page 42</p> <p>1 sentence in your resumé, says:</p> <p>2 "Begin serving as chair elect of the</p> <p>3 Ohio Injury Prevention Partnership in</p> <p>4 2011."</p> <p>5 Do you see that?</p> <p>6 A. I do.</p> <p>7 Q. And you mentioned the Ohio Injury</p> <p>8 Prevention Partnership a few moments ago. What</p> <p>9 is the Ohio Injury Prevention Partnership?</p> <p>10 A. So the Ohio Department of Health</p> <p>11 probably in 1998 recognized that unintentional</p> <p>12 injury in Ohio was a significant source of</p> <p>13 morbidity and mortality.</p> <p>14 The Ohio Injury Prevention</p> <p>15 Partnership is a group of individuals on a</p> <p>16 statewide basis that has a focus on falls</p> <p>17 amongst older adults; childhood action injury</p> <p>18 group, which could be TBIs, it could be safe</p> <p>19 sleep; and then the other main portion of the</p> <p>20 Ohio Injury Prevention Partnership is the</p> <p>21 prescription drug overdose aspect.</p> <p>22 I served on the Ohio Injury</p> <p>23 Prevention Partnership for several years, but my</p> <p>24 initial focus through my master's was falls</p> <p>25 amongst older adults. That's how I got into the</p> | <p style="text-align: right;">Page 44</p> <p>1 place, involve all the categories of injury</p> <p>2 prevention that you just identified?</p> <p>3 I think you said falls --</p> <p>4 A. Uh-huh.</p> <p>5 Q. -- or some -- children, and then you</p> <p>6 indicated as one of those efforts, to address</p> <p>7 prescription opioid abuse?</p> <p>8 A. Uh-huh.</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 Q. Were all of those injury prevention</p> <p>11 efforts a part of the initial launching of the</p> <p>12 Ohio Injury Prevention Partnership?</p> <p>13 A. I can't answer that question because</p> <p>14 I wasn't involved in anything to do with</p> <p>15 prescription medication until probably the</p> <p>16 development of the Prescription for Prevention.</p> <p>17 My focus was on fall-related injuries.</p> <p>18 Q. When did the Prescription for</p> <p>19 Prevention Initiative begin?</p> <p>20 A. I want to say -- I think we had</p> <p>21 talked about that previously -- in 2009 or 2010,</p> <p>22 if I recall correctly.</p> <p>23 Q. Do you recall when the Cuyahoga</p> <p>24 County Opiate Task Force was formed?</p> <p>25 A. I recollect it was formed -- maybe</p> |
| <p style="text-align: right;">Page 43</p> <p>1 injury prevention world.</p> <p>2 When I began serving as the chair</p> <p>3 elect for the Ohio Injury Prevention Partnership</p> <p>4 was 2011, but I had been a member for several</p> <p>5 years.</p> <p>6 Q. Okay. You indicated, if I understood</p> <p>7 you correctly, that the Ohio Injury Prevention</p> <p>8 Partnership was launched in 1998? Is that</p> <p>9 right?</p> <p>10 A. I can't recollect when it was</p> <p>11 launched.</p> <p>12 Q. Was it in the late '90s?</p> <p>13 A. I can't answer that question.</p> <p>14 Q. Okay. I thought I heard you</p> <p>15 reference 1998 as a time when it was recognized</p> <p>16 that there needed to be some injury prevention</p> <p>17 initiative.</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 Q. Did I mishear you?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. I may have made a mistake. I don't</p> <p>22 recall when the specific date was when that</p> <p>23 partnership was formed.</p> <p>24 Q. Did the launching of the Ohio Injury</p> <p>25 Prevention Partnership, whenever that took</p> | <p style="text-align: right;">Page 45</p> <p>1 2011 or 2012 is when we really started building</p> <p>2 a consensus of partnerships as a solid</p> <p>3 coalition.</p> <p>4 Q. If I told you it was 2010, would that</p> <p>5 sound correct?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. In 2010, if we were moving through</p> <p>8 that transition from the Partnership for</p> <p>9 Prevention to the Cuyahoga County Opiate Task</p> <p>10 Force, I would say that may be fair, yeah. It's</p> <p>11 going back some time.</p> <p>12 Q. Were you the first chair of the</p> <p>13 Cuyahoga County Opiate Task Force, or was there</p> <p>14 a chair of the task force before you?</p> <p>15 A. I was the first person that was</p> <p>16 deemed a chair, but it wasn't by election or</p> <p>17 anything like that.</p> <p>18 I mean, you have to understand that</p> <p>19 from a coalition standpoint, there was very few</p> <p>20 agencies or individuals that were around the</p> <p>21 table, and we started to grow as a coalition at</p> <p>22 probably that time period. And I say that, you</p> <p>23 know, moving towards some type of momentum, you</p> <p>24 know, with key partners at the table in 2011 or</p> <p>25 2012.</p> |

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| <p style="text-align: right;">Page 46</p> <p>1 Q. You were the first chair of the</p> <p>2 Cuyahoga County Opiate Task Force, correct?</p> <p>3 A. Yes.</p> <p>4 Q. Your resumé indicates that you, at</p> <p>5 the time that this resumé was prepared, were</p> <p>6 going to be the chair elect for the Ohio Injury</p> <p>7 Prevention Partnership in 2011.</p> <p>8 Did you become the chair of the Ohio</p> <p>9 Injury Prevention Partnership in 2011?</p> <p>10 A. I served as chair elect, but was</p> <p>11 elected for probably 2012. That's the way that</p> <p>12 it goes; you serve the chair elect, and -- so I</p> <p>13 did eventually serve as a chair for the Ohio</p> <p>14 Injury Prevention Partnership, yes.</p> <p>15 Q. And is it your understanding that you</p> <p>16 were the chair of the Ohio Injury Prevention</p> <p>17 Partnership in 2012?</p> <p>18 A. Correct.</p> <p>19 Q. And as chair, what were your</p> <p>20 responsibilities in connection with the Ohio</p> <p>21 Injury Prevention Partnership?</p> <p>22 A. Serving as chair of the Ohio Injury</p> <p>23 Prevention Partnership would be a logistical</p> <p>24 sense of getting information to individuals,</p> <p>25 scheduling the quarterly meetings, identifying</p> | <p style="text-align: right;">Page 48</p> <p>1 Q. I'm finished, so you can go ahead.</p> <p>2 A. Yes, they were. I was going -- I was</p> <p>3 trying to explain the booklet at the end of the</p> <p>4 year, is what I -- yeah.</p> <p>5 So in 2011 and 2012, there was</p> <p>6 probably, for the state of Ohio, a recognition</p> <p>7 that there was a misuse and abuse of</p> <p>8 prescription medication through the Ohio Injury</p> <p>9 Prevention Partnership.</p> <p>10 Q. Did the Ohio Injury Prevention</p> <p>11 Partnership Initiative undertake to try and</p> <p>12 understand the causes of the trends of</p> <p>13 prescription drug abuse and overdoses in the</p> <p>14 state of Ohio?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. As a collaborative, we would get</p> <p>17 together and have speakers and discuss issues</p> <p>18 related to the subject.</p> <p>19 Q. As I understand it, the Ohio Injury</p> <p>20 Prevention Partnership is a statewide</p> <p>21 initiative. Is that correct?</p> <p>22 A. Yes, the Ohio Injury Prevention</p> <p>23 Partnership is comprised of individuals</p> <p>24 throughout the state.</p> <p>25 Q. Is it fair to say in your view that</p> |
| <p style="text-align: right;">Page 47</p> <p>1 speakers for topics pertaining to those issues</p> <p>2 that I mentioned earlier, working with different</p> <p>3 individuals if there are questions for people</p> <p>4 that are interested in joining the partnership,</p> <p>5 logistics as far as an awareness day that we did</p> <p>6 for legislators, and working through the data</p> <p>7 collection portion of the Ohio Department of</p> <p>8 Health to put together an annual book that</p> <p>9 documents those injuries related to mortality</p> <p>10 and morbidity in Ohio.</p> <p>11 Q. And that would include prescription</p> <p>12 drug abuse and prescription drug-related</p> <p>13 overdoses. Is that correct?</p> <p>14 A. I would have to go back and look at</p> <p>15 what we had in place in 2012. I can't answer</p> <p>16 that question right now.</p> <p>17 Q. So sitting here today, you don't know</p> <p>18 whether or not the Ohio Injury Prevention</p> <p>19 Partnership in 2011 and 2012 concerned itself</p> <p>20 with prescription drug abuse trends and</p> <p>21 prescription drug overdose trends?</p> <p>22 A. I was reference- --</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 Wait till he finishes his question,</p> <p>25 then you can answer.</p> | <p style="text-align: right;">Page 49</p> <p>1 Ohio was experiencing worrisome trends in terms</p> <p>2 of prescription drug abuse and overdose across</p> <p>3 the state as of 2011 and 2012?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. I can't answer that.</p> <p>6 Q. Have you ever -- did you as part of</p> <p>7 your role and responsibility as chair elect or</p> <p>8 chair of the Ohio Injury Prevention Partnership</p> <p>9 endeavor to try and understand the scope of the</p> <p>10 trends of prescription drug abuse or overdose</p> <p>11 during that time frame?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. Could you ask me that question again,</p> <p>14 please?</p> <p>15 Q. Sure. Did you in your role as chair</p> <p>16 elect or chair of the Ohio Injury Prevention</p> <p>17 Partnership, either on your own or as a</p> <p>18 collaborative effort with those involved in this</p> <p>19 initiative, undertake to try and understand the</p> <p>20 scope of the trends in prescription drug abuse</p> <p>21 and overdose within the state of Ohio in the</p> <p>22 2011 and 2012 time frame?</p> <p>23 A. Yes, we would have.</p> <p>24 Q. And is it your view that there were</p> <p>25 worrisome trends in terms of prescription drug</p> |

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| <p style="text-align: right;">Page 50</p> <p>1 abuse and overdose across the state of Ohio, or</p> <p>2 were there parts of the state that in your view</p> <p>3 were not experiencing trends in terms of</p> <p>4 prescription drug abuse or overdose that were</p> <p>5 worrisome?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I think there was a recognition that</p> <p>8 there were certain counties at that point in</p> <p>9 time that were experiencing a significant burden</p> <p>10 of prescription pain medication overdose and</p> <p>11 abuse.</p> <p>12 Q. What counties in your view as of 2011</p> <p>13 and 2012 were not experiencing worrisome trends</p> <p>14 in terms of prescription drug abuse or overdose?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. I think you would have to ask the</p> <p>17 Ohio Department of Health that question. I</p> <p>18 can't answer that sitting here today.</p> <p>19 Q. Do you know of any counties in Ohio</p> <p>20 that were not experiencing worrisome trends in</p> <p>21 terms of prescription drug abuse or overdose</p> <p>22 during the 2011, 2012 time frame?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. I can't recall.</p> <p>25 Q. Sitting here today, you can't think</p> | <p style="text-align: right;">Page 52</p> <p>1 Q. I'm not asking you about what you</p> <p>2 know now.</p> <p>3 My question is whether or not in</p> <p>4 2011, 2012 you all had recognized that there</p> <p>5 were worrisome trends in terms of prescription</p> <p>6 drug abuse and overdose within Cuyahoga County.</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 Q. And we can look at some documents,</p> <p>9 but I'm just asking you without that right now.</p> <p>10 A. Yes, I would say that there were some</p> <p>11 worrying trends.</p> <p>12 Q. What were the nature of those</p> <p>13 worrying trends?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 A. I can't answer that question.</p> <p>16 Q. Why not?</p> <p>17 A. I'm not an expert in the field of</p> <p>18 substance abuse or an epidemiologist.</p> <p>19 Q. That's fine. I'm not asking you to</p> <p>20 be something you're not, but you were the chair</p> <p>21 of the Cuyahoga County Opiate Task Force and you</p> <p>22 have said there were some worrying trends.</p> <p>23 And I'm just asking you, in your</p> <p>24 capacity as the first and longtime chair of the</p> <p>25 Cuyahoga County Opiate Task Force starting in</p> |
| <p style="text-align: right;">Page 51</p> <p>1 of any counties in Ohio that around 2011 and</p> <p>2 2012 were not experiencing worrisome trends in</p> <p>3 terms of prescription drug abuse or overdose.</p> <p>4 Is that correct?</p> <p>5 A. To the best of my knowledge, I cannot</p> <p>6 recollect that, yes.</p> <p>7 Q. Would you agree that Cuyahoga County</p> <p>8 was a county that was experiencing worrisome</p> <p>9 trends in terms of prescription drug abuse and</p> <p>10 overdose at least by 2011?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I would say based upon my</p> <p>13 conversations today with Dr. Gilson, with</p> <p>14 Dr. Papp, Dr. Chris Delos Reyes, Dr. Ted Parran,</p> <p>15 local law enforcement, and the DEA, that we did</p> <p>16 see some percolation. We knew that there was</p> <p>17 something going on, but that's all I can</p> <p>18 recollect at this point in time.</p> <p>19 Q. I just want to make sure this is</p> <p>20 clear because the beginning of your answer said</p> <p>21 based on your conversations today, but I'm not</p> <p>22 asking you about conversations you're having</p> <p>23 today.</p> <p>24 A. Rephrase that then. What I know</p> <p>25 now --</p> | <p style="text-align: right;">Page 53</p> <p>1 2010...</p> <p>2 A. Right.</p> <p>3 Q. What is your understanding about what</p> <p>4 those worrisome trends were?</p> <p>5 A. As I said before, I'm not an expert.</p> <p>6 My role as the chair was to facilitate</p> <p>7 conversation based upon those other individuals</p> <p>8 in the County. I don't have the expertise to</p> <p>9 answer your question. I cannot answer your</p> <p>10 question.</p> <p>11 Q. Okay. So is it your testimony today</p> <p>12 that you've never given consideration -- you,</p> <p>13 not an expert, not an epidemiologist -- that you</p> <p>14 have never given consideration to the nature of</p> <p>15 the worrisome trends that you had identified in</p> <p>16 the 2011 time frame when it comes to</p> <p>17 prescription drug abuse and overdose?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Could you ask me that again, please?</p> <p>20 Q. Sure. Is it your testimony today</p> <p>21 that in the -- that you sitting here today</p> <p>22 cannot describe in any way the reasons why there</p> <p>23 were trends in terms of prescription drug abuse</p> <p>24 and overdose in the 2011 time frame that were</p> <p>25 worrisome to you and others at Cuyahoga County?</p> |

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| <p style="text-align: right;">Page 54</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. Based upon my conversations with</p> <p>3 other individuals who would be able to answer</p> <p>4 that question, whether it be data, whether it be</p> <p>5 information based upon the increase in service</p> <p>6 providers as individuals who needing treatment,</p> <p>7 I can't answer that question.</p> <p>8 My role as a chair of the Cuyahoga</p> <p>9 County Board of Health is to facilitate a local</p> <p>10 collaborative. I do not have a background in</p> <p>11 substance abuse. I can't answer that question.</p> <p>12 Q. Mr. Caraffi, I'm not asking you to be</p> <p>13 an expert. I'm asking you factual knowledge</p> <p>14 that you have had and have here today, so I want</p> <p>15 to be very clear about that.</p> <p>16 A. I understand.</p> <p>17 Q. And we know that you were the chair</p> <p>18 of the Cuyahoga County Opiate Task Force, right?</p> <p>19 A. Correct.</p> <p>20 Q. And you took that position in 2010,</p> <p>21 right?</p> <p>22 A. Correct.</p> <p>23 Q. And over the course of the years that</p> <p>24 you've been in that position, you've presented</p> <p>25 on the nature and scope of the opiate -- opiate</p> | <p style="text-align: right;">Page 56</p> <p>1 understanding based on your communications and</p> <p>2 work with individuals in the community about why</p> <p>3 the trends were worrisome.</p> <p>4 A. Ask that question again.</p> <p>5 Q. Sure. You worked with experts to try</p> <p>6 and understand the nature of the opioid abuse</p> <p>7 epidemic in Cuyahoga County. Fair?</p> <p>8 A. Yes.</p> <p>9 Q. What did those experts say to you</p> <p>10 that was worrisome about the trends in the 2011</p> <p>11 time frame when it came to prescription drug</p> <p>12 abuse and overdoses in 2011?</p> <p>13 A. I can answer the trends based upon</p> <p>14 what you just said --</p> <p>15 Q. Go ahead.</p> <p>16 A. -- from our collaborative partners.</p> <p>17 So some of the contributing risk</p> <p>18 factors at that point in time would have been</p> <p>19 anything from prescribing practices, change in</p> <p>20 guidelines or cultural view of how we use pain</p> <p>21 or view pain. I would say stigma plays a key</p> <p>22 role in that.</p> <p>23 So those are just a few that I can</p> <p>24 recollect off the top of my head that have been</p> <p>25 shared with me with other experts, that I then</p> |
| <p style="text-align: right;">Page 55</p> <p>1 abuse and overdoses many, many times. Fair?</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. Fair.</p> <p>4 Q. And you've tried to describe the</p> <p>5 trends that you saw in Cuyahoga County as part</p> <p>6 of those presentations, right?</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. Correct.</p> <p>9 Q. And you have endeavored to try and</p> <p>10 understand the reasons why you were seeing those</p> <p>11 worrisome trends, and you've described those as</p> <p>12 part of your presentations, correct?</p> <p>13 MR. SMITH: Objection; form.</p> <p>14 A. Correct.</p> <p>15 Q. So that's what we're talking about</p> <p>16 here today.</p> <p>17 You indicated that in the 2011</p> <p>18 time frame, you saw worrisome trends in terms of</p> <p>19 prescription drug abuse and overdoses, right?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. As I said before, those worrisome</p> <p>22 trends were based upon the expertise of other</p> <p>23 individuals who are part of our local</p> <p>24 collaborative. I cannot answer your question.</p> <p>25 Q. Well, I'm asking you what was your</p> | <p style="text-align: right;">Page 57</p> <p>1 shared with the community.</p> <p>2 Q. Great. In terms of the trends that</p> <p>3 you saw of prescription drug abuse or overdose,</p> <p>4 what were the trends that you were seeing in the</p> <p>5 late 2000s or early -- the 2010, '11, '12</p> <p>6 time frame?</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. Based upon conversations with those</p> <p>9 experts in the field, it would be what I had</p> <p>10 just mentioned to you before: are prescribing</p> <p>11 practices; stigma; I think a lack of awareness</p> <p>12 to the strength of the opioid medications,</p> <p>13 prescription pain pills.</p> <p>14 Q. Were you seeing trends of greater</p> <p>15 amounts of prescription drug abuse in the 2010,</p> <p>16 2011 time frame in Cuyahoga County?</p> <p>17 A. I cannot answer from an abuse</p> <p>18 standpoint. I think treatment data, I don't</p> <p>19 have access to that. I can't answer an abuse</p> <p>20 standpoint.</p> <p>21 Q. Were you seeing trends of greater</p> <p>22 numbers of prescription drug-related overdose</p> <p>23 deaths in the 2010, 2011 time frame?</p> <p>24 A. I can't answer that question.</p> <p>25 Q. Is that not something you looked at</p> |

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| <p style="text-align: right;">Page 58</p> <p>1 as chair of the Cuyahoga County Opiate Task 2 Force? 3 A. I did not look at that. I would have 4 received information from other people, as I 5 mentioned before -- 6 Q. Did you -- 7 A. -- so I would have relied on -- 8 Q. I'm sorry. 9 A. I'm finishing the question. I'm 10 sorry. Did you want me to stop? 11 Q. No, no, no. I'm sorry, I thought you 12 were done. Go ahead. 13 A. Once again, as I asked you before, 14 based upon conversations with Dr. Gilson, Keith 15 Martin from the DEA, undercover law enforcement 16 officials that I work with, they would have 17 shared that information with me, and then I 18 would have been the responsible party to share 19 that with others in our task force. 20 Q. All right, that makes sense. 21 So were those individuals, like 22 Dr. Gilson and other experts in this area, 23 telling you in the 2010 and 2011 time frame, 24 that they were seeing a trend of increasing 25 numbers of prescription drug-related overdose</p> | <p style="text-align: right;">Page 60</p> <p>1 individuals who are currently dealing with the 2 epidemic of misuse of prescription medication; 3 and learn as we move forward. 4 I mean, it doesn't happen overnight. 5 I mean, it takes several years to build a strong 6 coalition. 7 So, you know, my recollection from 8 2011 and 2012 or 2010, you know, at that point 9 in time, it would have been focused on proper 10 disposal of prescription medication, trying to 11 work and see what educational platforms were out 12 there that we could use, if there was any 13 evidence-based programming, and really increase 14 awareness in the community to some of the 15 challenges that might be coming down the road. 16 Q. Okay. I do want to ask you some 17 questions about prevention efforts, mitigation 18 efforts that Cuyahoga County Board of Health 19 undertook, but right now my questions are 20 slightly different. 21 I'm trying to understand in the 2010, 22 2011 time frame when you saw these worrying 23 trends in terms of prescription drug abuse and 24 overdose, did you undertake to try and 25 understand or investigate the causes or</p> |
| <p style="text-align: right;">Page 59</p> <p>1 deaths? 2 MR. SMITH: Objection; form. 3 A. I think we knew something was going 4 on at that point in time, but I can't give you a 5 definitive answer as to what was taking place 6 back then. 7 Q. At that time -- and I think we're 8 talking about the 2010, 2011 time frame -- when 9 you recognized that there were worrisome trends 10 in connection with opioid abuse or overdose 11 deaths, what did the Cuyahoga County Board of 12 Health, the Cuyahoga County Opiate Task Force, 13 or others at Cuyahoga County do to investigate 14 the reasons why you were seeing those trends? 15 MR. SMITH: Objection; form. 16 A. I think at that point in time, I was 17 trying to build a local task force, and that 18 takes time. That takes time in a big county. 19 So as far as our trends, you know, 20 public health is based upon prevention, so 21 trying to work with individuals who were 22 gathering information or could give us the 23 information, as I stated earlier, and put some 24 awareness out there; work with family and 25 friends, those who had lost loved ones or those</p> | <p style="text-align: right;">Page 61</p> <p>1 contributing factors to the trends that you were 2 seeing? 3 A. Members of the task force, yes. 4 Q. And did they undertake to do that at 5 that time in 2010, 2011? 6 A. I can't recall at that point in time, 7 you know, the specifics of what we were doing 8 that I haven't already mentioned to you. You 9 know, I think that it was -- the main job was 10 try and do the best that we could to increase 11 awareness. 12 Q. Got the awareness part. Asking you 13 about whether or not -- so let me just start 14 over here. 15 A. Sure. 16 Q. The question is this: In 2011 and 17 2012 when you saw these worrying trends in terms 18 of prescription drug abuse and overdose, did the 19 Cuyahoga County Board of Health, the Cuyahoga 20 County Opiate Task Force, or others within 21 Cuyahoga County undertake to try and investigate 22 and understand the causes or contributing 23 factors for those trends that you were seeing? 24 A. Yes. 25 Q. Who undertook those efforts?</p> |

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| <p style="text-align: right;">Page 62</p> <p>1 A. Our collaborative members.</p> <p>2 Q. Are there individuals in particular</p> <p>3 who undertook the effort to try and understand</p> <p>4 the causes and contributing factors that were</p> <p>5 causing these trends in 2010 and 2011?</p> <p>6 A. Yeah. My recollection would bring me</p> <p>7 to individuals like Nancy Pommerening, who runs</p> <p>8 Drug Awareness and Prevention; Jeff Capretto,</p> <p>9 who is an undercover Westshore narcotics officer</p> <p>10 who runs a youth-to-youth leaders program</p> <p>11 through local high schools; I would say, you</p> <p>12 know, the Drug Court that was currently going</p> <p>13 on.</p> <p>14 So I think collectively it's</p> <p>15 difficult for me to go back in 2011 and 2010 and</p> <p>16 give you specifics, but those are things that --</p> <p>17 some that come to mind.</p> <p>18 Q. Anybody else come to mind as</p> <p>19 individuals who in particular in the 2010</p> <p>20 time frame undertook to investigate and</p> <p>21 understand the causes or contributing factors to</p> <p>22 these worrisome trends of prescription drug</p> <p>23 abuse and overdose in Cuyahoga County?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. On a statewide basis, I would</p> | <p style="text-align: right;">Page 64</p> <p>1 A. I do.</p> <p>2 Q. And it was in Columbus, Ohio?</p> <p>3 A. Correct.</p> <p>4 Q. What did you lecture about at the</p> <p>5 Ohio Opiate Summit in April 2011?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. That lecture was actually a panel</p> <p>8 conversation, and I don't recall the overall</p> <p>9 conversation. It was not a lecture. It was a</p> <p>10 question and answer. You know, I can't recall</p> <p>11 what was discussed from 2011.</p> <p>12 Q. Okay. It was about the trends of</p> <p>13 opiate abuse and overdoses, I take it? Is that</p> <p>14 fair?</p> <p>15 A. I would say that would be fair.</p> <p>16 MR. SMITH: Can we take a quick</p> <p>17 break?</p> <p>18 MR. BOEHM: Of course. Yeah, sure.</p> <p>19 Q. And I should let you know, if you</p> <p>20 need to use the bathroom or if there's any other</p> <p>21 reason why you should need to get up and walk</p> <p>22 around, just let me know and we'll a break.</p> <p>23 VIDEO TECHNICIAN: Off the record.</p> <p>24 (Recess taken at 10:07 a.m.)</p> <p>25 (Ms. Hartman entered the deposition</p> |
| <p style="text-align: right;">Page 63</p> <p>1 probably say the Ohio Department of Health.</p> <p>2 Q. Anybody in particular at the Ohio</p> <p>3 Department of Health?</p> <p>4 A. I can't remember the names at that</p> <p>5 point in time.</p> <p>6 Q. If you turn to Page 2 of your resumé,</p> <p>7 which has been marked as Exhibit 1 for today's</p> <p>8 deposition, you have a section entitled "Invited</p> <p>9 Lectures." Do you see that?</p> <p>10 A. I do.</p> <p>11 Q. These are events at which you were a</p> <p>12 presenter? Is that fair?</p> <p>13 A. That is correct.</p> <p>14 Q. Would you typically use a slide deck</p> <p>15 as part of the presentations you made at these</p> <p>16 invited lectures?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. Yes.</p> <p>19 Q. A couple of these seem to be</p> <p>20 potentially relevant for our purposes here</p> <p>21 today.</p> <p>22 About halfway down the list, your</p> <p>23 resumé references a lecture you gave at the Ohio</p> <p>24 Opiate Summit on April 5th, 2011. Do you see</p> <p>25 that?</p> | <p style="text-align: right;">Page 65</p> <p>1 by phone at 10:15 a.m.)</p> <p>2 (DEPOSITION EXHIBIT 2 MARKED</p> <p>3 FOR IDENTIFICATION at 10:21 a.m.)</p> <p>4 (Back on the record at 10:21 a.m.)</p> <p>5 VIDEO TECHNICIAN: On the record</p> <p>6 10:21.</p> <p>7 MS. HARTMAN: Are we back on the</p> <p>8 record? I didn't hear anything.</p> <p>9 MR. SMITH: Yes, we're back on the</p> <p>10 record.</p> <p>11 This is Scott Smith for the</p> <p>12 plaintiff. I understand that Ruth Hartman</p> <p>13 has joined from Baker Hostetler. I think</p> <p>14 Carole Rendon is now with her firm. We</p> <p>15 object to Baker Hostetler or Carole Rendon</p> <p>16 or anybody from the firm participating in</p> <p>17 this deposition to a -- due to a conflict</p> <p>18 that we understand exists.</p> <p>19 MS. HARTMAN: In response, Baker &</p> <p>20 Hostetler and the Endo defendants do not</p> <p>21 believe there is a conflict, and the Endo</p> <p>22 defendants would be prejudiced if they</p> <p>23 weren't allowed to participate in this</p> <p>24 deposition.</p> <p>25 BY MR. BOEHM:</p> |

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| <p style="text-align: right;">Page 66</p> <p>1 Q. Okay. Welcome back from our short 2 break, Mr. Caraffi. Before we went back on the 3 record, I had marked a document as Exhibit 2 for 4 purposes of your deposition, and I handed that 5 to you as well, correct? 6 A. Yes, I see that. 7 Q. This is a Cuyahoga County Board of 8 Health organizational chart. It looks like the 9 date is June 1, 2015, correct? 10 It's in the upper left-hand corner. 11 A. Yes. 12 Q. And if you look all the way to the 13 left, you see your name, Caraffi, as a 14 supervisor injury prevention. Do you see that? 15 A. I do. 16 Q. That's you, right? 17 A. That is me. 18 Q. Is this your current position at the 19 Cuyahoga County Board of Health? 20 A. I am still a supervisor, yes. This 21 chart is old, but yes. 22 Q. It's from 2015, and that's why I'm 23 asking you about it. 24 A. Yeah. 25 Q. If we were to do an organizational --</p> | <p style="text-align: right;">Page 68</p> <p>1 supervise individuals who do vector control as 2 it relates to the increase in vector-borne 3 disease for ticks, mosquitos; that could be West 4 Nile virus, Chikungunya, it could be Zika virus. 5 So the box, I do more than just 6 injury prevention. 7 Q. In 2015, were you a supervisor for 8 environmental health? 9 A. Yes. 10 Q. But the box here says injury 11 prevention. Do you know why? 12 A. I can't answer that question. 13 Q. What does the category of injury 14 prevention encompass as opposed to the broader 15 list of items you just identified as related to 16 environmental health? 17 MR. SMITH: Objection; form. 18 A. I think in conversations with our 19 leadership team, injury prevention could be 20 inclusive what I do for the opioids. It may be 21 inclusive of a drowning prevention initiative 22 that I'm currently working on with the Cleveland 23 metro parks, the medical examiner's office, and 24 the Ohio Department of Health. 25 I think the word "injury prevention,"</p> |
| <p style="text-align: right;">Page 67</p> <p>1 A. Still have the same responsibilities, 2 yes. 3 Q. Okay. And would you still be in the 4 same box as you are on this 2015 organizational 5 chart? 6 A. This has changed since 2015, but I'm 7 still a supervisor, yes. 8 Q. Okay. 9 A. If that's what you're asking. 10 Q. Has your position changed since 2015? 11 I know there are other changes that would -- 12 A. No, my position has not changed since 13 2015 or since the time of this chart, when it 14 was created. 15 Q. How long have you been in this role 16 as a supervisor for injury prevention? 17 A. I'm actually a supervisor of 18 environmental health services, so injury 19 prevention is a portion of what I do, when we 20 had talked about that earlier as far as the 21 differences between who I had supervised. 22 So injury prevention, it's really I 23 supervise individuals who do injury prevention. 24 I supervise individuals who do mandated 25 programming for body art and tattoo. I</p> | <p style="text-align: right;">Page 69</p> <p>1 it's an anomaly. It's just a piece or a portion 2 of what I do. I'm still an environmental health 3 supervisor. 4 Q. So you indicated that your injury 5 prevention responsibilities include the work 6 that you've been doing for many years on opioid 7 abuse and overdoses, correct? 8 A. I became a supervisor in 2003. The 9 work that I do as far as injury prevention as it 10 relates to opioids is facilitating or having 11 facilitated our local task force. 12 Q. And having chaired that task force, 13 correct? 14 A. Correct. 15 Q. Is it fair to say that the injury 16 prevention category of responsibilities that you 17 have encompasses the work you've been doing on 18 opioid abuse and overdose information, or does 19 that fit into some other bucket for which you 20 have responsibility? 21 MR. SMITH: Objection; form. 22 A. I think based upon conversations with 23 other individuals who make up the task force, as 24 I had mentioned earlier, that collection of 25 information that comes in from those experts and</p> |

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| <p style="text-align: right;">Page 70</p> <p>1 conveying that information to the general</p> <p>2 public, I would agree with you, yes.</p> <p>3 Q. It fits under injury prevention,</p> <p>4 right?</p> <p>5 A. Correct.</p> <p>6 Q. In addition to the work that you've</p> <p>7 been doing on opioid abuse and overdoses, are</p> <p>8 there any other responsibilities that you have</p> <p>9 that fit under the category of injury</p> <p>10 prevention?</p> <p>11 A. Yes. As I explained in my last</p> <p>12 response to you, I'm currently working on a</p> <p>13 project with the metro parks, a couple of</p> <p>14 private companies that work in the pool or</p> <p>15 spa-related field.</p> <p>16 In addition to working with the metro</p> <p>17 parks is we have Lake Erie in our backyard, and</p> <p>18 we've seen increase in drowning or near-drowning</p> <p>19 events over the past couple years.</p> <p>20 I also work with individuals that do</p> <p>21 the body art and tattoo, so we would look at</p> <p>22 anything related to the transfer of infectious</p> <p>23 disease because of those specific practices as</p> <p>24 it relates to injury.</p> <p>25 But, once again, my title, the title</p> | <p style="text-align: right;">Page 72</p> <p>1 Q. Is it fair to say that you have taken</p> <p>2 and continue to take your responsibilities in</p> <p>3 relation to opioid-related abuse and overdoses</p> <p>4 seriously?</p> <p>5 A. I'm still working on some projects</p> <p>6 even though I'm no longer the chair of the task</p> <p>7 force, and that's what your question is.</p> <p>8 Q. Well, my question is whether or not</p> <p>9 you have taken your responsibilities, insofar as</p> <p>10 they concern trends of opioid abuse and</p> <p>11 overdose, seriously as part of your professional</p> <p>12 responsibilities at the Cuyahoga County Board of</p> <p>13 Health.</p> <p>14 A. Yes.</p> <p>15 Q. And you indicated that although you</p> <p>16 are no longer as of this past year the chair of</p> <p>17 the Cuyahoga County Opiate Task Force, there are</p> <p>18 opioid-related initiatives on which you continue</p> <p>19 to work, correct?</p> <p>20 A. I still work with individuals that</p> <p>21 are involved in projects with the opioids, yes.</p> <p>22 Q. Can you describe the nature of your</p> <p>23 ongoing work related to opioids?</p> <p>24 A. I'm currently involved in a project</p> <p>25 with some local partnerships that's funded</p> |
| <p style="text-align: right;">Page 71</p> <p>1 they have down there, I'm an environmental</p> <p>2 health supervisor.</p> <p>3 Q. Got it. So --</p> <p>4 A. I work for the environmental health</p> <p>5 service area of the Cuyahoga County Department</p> <p>6 of Health.</p> <p>7 I'm sorry about -- I just -- I can't</p> <p>8 see without these things, so I'm trying to clean</p> <p>9 them a little better.</p> <p>10 Q. That's okay. Is that better?</p> <p>11 A. It is, thank you. You're patient.</p> <p>12 Q. So you indicated your work on</p> <p>13 opioids, drowning-related initiatives, and</p> <p>14 tattoos fit under the injury prevention category</p> <p>15 of your responsibilities.</p> <p>16 Are there any other responsibilities</p> <p>17 that you've not already mentioned that fit under</p> <p>18 the injury prevention category?</p> <p>19 A. Not that I'm involved with at the</p> <p>20 board of health, no.</p> <p>21 Q. Is it fair to say that you have --</p> <p>22 you have taken and continue to take your</p> <p>23 responsibilities at the Cuyahoga County Board of</p> <p>24 Health seriously?</p> <p>25 A. Yes.</p> | <p style="text-align: right;">Page 73</p> <p>1 through the CDC on what they call adverse</p> <p>2 childhood experiences. Those are considered</p> <p>3 ACEs scores, and the idea behind it is that</p> <p>4 children with high ACEs scores also have</p> <p>5 opportunities for resiliency.</p> <p>6 And the focus of that is to ensure</p> <p>7 that children that have high ACEs scores -- and</p> <p>8 ACEs scores could be a sexual, physical,</p> <p>9 emotional abuse, living in a family where there</p> <p>10 is domestic violence, living in a family where</p> <p>11 somebody is addicted to opioids -- puts children</p> <p>12 that are experiencing those ACEs scores at a</p> <p>13 higher risk for substance abuse later on in</p> <p>14 life.</p> <p>15 So I'm currently working with some</p> <p>16 law enforcement agencies, a school resource</p> <p>17 officer, and an agency that is involved in</p> <p>18 mental health and treatment care for children,</p> <p>19 on that project.</p> <p>20 And then I currently work with</p> <p>21 April Vince, as she is the program manager for</p> <p>22 the Ohio Department of Health Injury Prevention</p> <p>23 Grant that we're working on currently.</p> <p>24 Q. Does April Vince report to you?</p> <p>25 A. I work with April. I mean, we make</p> |

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| <p style="text-align: right;">Page 74</p> <p>1 sure that our people, you know, are autonomous</p> <p>2 and have independent -- we work together on the</p> <p>3 project.</p> <p>4 Or she reports to me, yes, but it's</p> <p>5 not -- you know, I think open thinking and</p> <p>6 creativity helps people.</p> <p>7 Q. Just to be clear, does April Vince</p> <p>8 report to you?</p> <p>9 A. Yes, she does.</p> <p>10 Q. And she reports to you in connection</p> <p>11 with her responsibilities as the director of the</p> <p>12 Ohio Department of Health Injury Prevention</p> <p>13 Grant?</p> <p>14 A. Correct.</p> <p>15 Q. At the very top of the organizational</p> <p>16 chart marked as Exhibit 2, do you see it says</p> <p>17 "Director Novickis"?</p> <p>18 A. I do.</p> <p>19 Q. Is Mr. Novickis still the director of</p> <p>20 the Cuyahoga County Board of Health?</p> <p>21 A. Yes.</p> <p>22 Q. For how long has he been in that</p> <p>23 position?</p> <p>24 A. Three years.</p> <p>25 Q. Who was Mr. Novickis's predecessor?</p> | <p style="text-align: right;">Page 76</p> <p>1 of interest or engagement that Mr. Novickis and</p> <p>2 Mr. McLeod have shown in terms of the Cuyahoga</p> <p>3 County Board of Health's efforts to understand</p> <p>4 and address opioid abuse in Cuyahoga County?</p> <p>5 A. I don't know.</p> <p>6 Q. Well, you've indicated that you</p> <p>7 reported to them in connection with your work on</p> <p>8 opioids, right?</p> <p>9 A. Correct.</p> <p>10 Q. So my question to you is, based on</p> <p>11 that experience, how would you characterize the</p> <p>12 level of interest and engagement that</p> <p>13 Mr. Novickis and Mr. McLeod have shown in terms</p> <p>14 of the Cuyahoga County Board of Health's efforts</p> <p>15 to understand and address opioid abuse in the</p> <p>16 county?</p> <p>17 A. I don't think it's any different than</p> <p>18 any other program. It's hard for me -- I don't</p> <p>19 think it's any different than any other program</p> <p>20 that I work on as far as an interest level.</p> <p>21 Q. No more, no less interest? Is that</p> <p>22 fair?</p> <p>23 A. I would say that's fair.</p> <p>24 Q. As of June 2015, it appears that the</p> <p>25 deputy director position to whom you would have</p> |
| <p style="text-align: right;">Page 75</p> <p>1 A. John McLeod.</p> <p>2 Q. To what extent has Mr. Novickis and</p> <p>3 Mr. McLeod been involved in the Cuyahoga County</p> <p>4 Board of Health's efforts to understand and</p> <p>5 address opioid-related abuse and overdoses?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I would say in a supervisory role,</p> <p>8 local efforts that are going on are shared with</p> <p>9 them. They are the director or previous</p> <p>10 director of the organization, you know, whether</p> <p>11 it is involved in contractual services based</p> <p>12 upon a grant, inform the director of what's</p> <p>13 going on, different opportunities that may have</p> <p>14 come down the road as far as funding.</p> <p>15 In addition, the way that we're set</p> <p>16 up as a local board of health, City of Cleveland</p> <p>17 has their own board of health. So we contract</p> <p>18 with individual communities on an annual basis,</p> <p>19 so there could be questions that may come in</p> <p>20 because of a relationship with a mayor, a</p> <p>21 question that would come down to me to answer as</p> <p>22 far as facilitating a task force.</p> <p>23 I mean, that's the role that I</p> <p>24 basically see.</p> <p>25 Q. How would you characterize the level</p> | <p style="text-align: right;">Page 77</p> <p>1 reported was vacant. Is that right?</p> <p>2 A. It was -- from the way that this</p> <p>3 chart shows, but I actually reported to Wallace</p> <p>4 Chambers, who is on the right side of the form,</p> <p>5 in the box that says "Deputy Director."</p> <p>6 Q. Okay.</p> <p>7 A. So for a span of control, you look at</p> <p>8 this, it doesn't make much sense, but at that</p> <p>9 point in time, I would report to Wallace.</p> <p>10 Q. For what years did you report to</p> <p>11 Mr. Chambers?</p> <p>12 A. I can't recall, to be honest with</p> <p>13 you, as far as time frames.</p> <p>14 Q. Do you currently report to</p> <p>15 Mr. Chambers?</p> <p>16 A. I do. I do right now.</p> <p>17 Q. Has this deputy director position</p> <p>18 that was described as vacant in 2015 been</p> <p>19 filled?</p> <p>20 A. It has.</p> <p>21 Q. Who filled that position?</p> <p>22 A. A gentleman by the name of John</p> <p>23 Sobolewski. And if you look at the box below,</p> <p>24 deputy director, he is in a supervisory role on</p> <p>25 this chart.</p> |

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| <p style="text-align: right;">Page 78</p> <p>1 Q. Do you report to Mr. Sobolewski?</p> <p>2 A. I work with him and Wallace, both. I</p> <p>3 think that, you know, the chart is there from a</p> <p>4 guide purpose standpoint, but I work with both</p> <p>5 deputy directors hand in hand, I mean, as far as</p> <p>6 daily activities.</p> <p>7 Q. Is it fair to say you report to both</p> <p>8 deputy directors, Mr. Sobolewski and</p> <p>9 Mr. Chambers?</p> <p>10 A. Yes, it would, depending on what's</p> <p>11 going on. I mean, if -- as an example, if we're</p> <p>12 writing a grant, we share it with both of them</p> <p>13 for content. If there is something going on,</p> <p>14 you know, they're both deputy directors, I use</p> <p>15 both of their skills if needed.</p> <p>16 Q. To which of those deputy directors do</p> <p>17 you report in connection with your work related</p> <p>18 to opioid abuse?</p> <p>19 A. Directly, if we're looking at the</p> <p>20 chart currently, it would be Wallace Chambers.</p> <p>21 Q. How would you characterize the level</p> <p>22 of interest and engagement that Mr. Chambers has</p> <p>23 given to the Cuyahoga County Board of Health's</p> <p>24 efforts to understand and address opioid abuse</p> <p>25 in the county?</p> | <p style="text-align: right;">Page 80</p> <p>1 I note that under the people who</p> <p>2 report to you that are identified on Exhibit 2,</p> <p>3 Ms. Allisyn Leppla is identified, correct?</p> <p>4 A. Correct.</p> <p>5 Q. Ms. Leppla is no longer at the</p> <p>6 Cuyahoga County Board of Health.</p> <p>7 A. She is not.</p> <p>8 Q. Ms. Leppla was the director of the</p> <p>9 Ohio Department of Health Injury Prevention</p> <p>10 Grant --</p> <p>11 A. She was --</p> <p>12 Q. -- correct?</p> <p>13 A. -- the coordinator of that grant.</p> <p>14 MR. SMITH: Let him finish the</p> <p>15 question.</p> <p>16 THE WITNESS: I'm sorry.</p> <p>17 MR. SMITH: Take your time.</p> <p>18 Q. And that --</p> <p>19 A. Sorry.</p> <p>20 Q. That's okay. And that's the role</p> <p>21 that Ms. Vince now occupies, correct?</p> <p>22 A. That is correct.</p> <p>23 Q. Do you still have five direct</p> <p>24 reports?</p> <p>25 A. I'm sorry?</p> |
| <p style="text-align: right;">Page 79</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. I would say no different or no less</p> <p>3 than Director Novickis or Former Director</p> <p>4 McLeod. I mean, it's hard to answer a question</p> <p>5 when I have nothing to really base that on, I</p> <p>6 guess.</p> <p>7 Q. Well, I'm just asking about your own</p> <p>8 personal experience. In working with</p> <p>9 Mr. Chambers, would you say that his level of</p> <p>10 interest and engagement has been no more or no</p> <p>11 less on the opioid issue relative to other</p> <p>12 issues about which you report to Mr. Chambers?</p> <p>13 MR. SMITH: Objection; form.</p> <p>14 A. I work with Wallace on different</p> <p>15 issues. I mean, he responds if there's interest</p> <p>16 in grant writing, he responds if there's</p> <p>17 opportunities that come down the road for</p> <p>18 outreach and education. So he's responsive to</p> <p>19 the requests as far as what we're doing.</p> <p>20 Q. No, I understand. But with respect</p> <p>21 to Mr. Novickis and Mr. McLeod, you said their</p> <p>22 level of interest and engagement was --</p> <p>23 A. I would say Walt, Mr. Chambers, is</p> <p>24 the same.</p> <p>25 Q. The same, thank you.</p> | <p style="text-align: right;">Page 81</p> <p>1 Q. Do you still have five direct</p> <p>2 reports?</p> <p>3 A. As staff?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 Q. Yeah. This exhibit indicates that</p> <p>6 there were five individuals as of June 2015 who</p> <p>7 reported to you. Do you see that?</p> <p>8 A. I do.</p> <p>9 Q. Do you still have five reports?</p> <p>10 A. I do not.</p> <p>11 Q. How many reports do you have?</p> <p>12 A. Seven currently.</p> <p>13 Q. Are they sanitarians?</p> <p>14 A. Three are sanitarians, three are</p> <p>15 program managers.</p> <p>16 Q. How many of those seven individuals</p> <p>17 are engaged in work related to opioid abuse?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Only one.</p> <p>20 Q. Is that Ms. Vince?</p> <p>21 A. Correct.</p> <p>22 Q. When did Ms. Vince join the Cuyahoga</p> <p>23 County Board of Health?</p> <p>24 A. I can't answer that question.</p> <p>25 Q. Do you recall roughly?</p> |

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| <p style="text-align: right;">Page 82</p> <p>1 A. I can't answer that. I don't know.</p> <p>2 Q. Was she already working at the</p> <p>3 Cuyahoga County Board of Health when she filled</p> <p>4 Ms. Leppla's role as director of the Ohio</p> <p>5 Department of Health Injury Prevention Grant?</p> <p>6 A. She was.</p> <p>7 Q. Was she reporting to you at that</p> <p>8 time?</p> <p>9 A. She was not.</p> <p>10 Q. So she came from a different part of</p> <p>11 Cuyahoga County Board of Health.</p> <p>12 A. She was working in a different</p> <p>13 service area at that time.</p> <p>14 Q. What service area was she working in?</p> <p>15 A. She was working in prevention and</p> <p>16 wellness.</p> <p>17 Q. Were there any other candidates for</p> <p>18 the role of director of the Ohio Department of</p> <p>19 Health Injury Prevention Grant other than</p> <p>20 Ms. Vince?</p> <p>21 A. It would be an injury prevention</p> <p>22 coordinator. You keep saying director, so it's</p> <p>23 just throwing me off.</p> <p>24 So there were other candidates that</p> <p>25 applied? Yes.</p> | <p style="text-align: right;">Page 84</p> <p>1 Q. Who's that?</p> <p>2 MR. SMITH: You mean who -- what is</p> <p>3 human resources or --</p> <p>4 MR. BOEHM: No, I know what human</p> <p>5 resources is.</p> <p>6 Q. But I'm asking, who are the people?</p> <p>7 A. I don't recall.</p> <p>8 Q. Individual or individuals who had the</p> <p>9 ultimate authority.</p> <p>10 A. I don't recall the individual's name</p> <p>11 from our human resources. I don't remember if</p> <p>12 it was Tameka (ph) or not. I can't recall that.</p> <p>13 Q. Is it fair to say you did not have</p> <p>14 the ultimate authority to make the decision as</p> <p>15 to who would replace Ms. Leppla?</p> <p>16 A. No. There was three individuals who</p> <p>17 put forth a score.</p> <p>18 Q. And your testimony today is that</p> <p>19 Ms. Leppla scored the highest?</p> <p>20 A. Are we talking about Ms. Leppla or</p> <p>21 Ms. Vince?</p> <p>22 Q. I'm sorry, I misspoke. Thank you for</p> <p>23 clarifying.</p> <p>24 Is it your testimony today that</p> <p>25 Ms. Vince scored the highest?</p> |
| <p style="text-align: right;">Page 83</p> <p>1 Q. Who were those other candidates?</p> <p>2 A. There was a candidate by the name of</p> <p>3 Becky Karns, and I don't recall the other</p> <p>4 individuals from the outside that applied for</p> <p>5 the position.</p> <p>6 Q. Did Becky used to go by the name of</p> <p>7 Becky Gray?</p> <p>8 A. Correct.</p> <p>9 Q. That's the same person?</p> <p>10 A. We're talking about the same person,</p> <p>11 yes.</p> <p>12 Q. Why was Ms. Vince selected to run the</p> <p>13 Ohio Department of Health Injury Prevention</p> <p>14 Grant on behalf of Cuyahoga County Board of</p> <p>15 Health?</p> <p>16 A. She went through the interview</p> <p>17 process and scored the highest.</p> <p>18 Q. Was it your decision to make?</p> <p>19 A. I was involved in the interview</p> <p>20 process, yes.</p> <p>21 Q. Who had the ultimate authority to</p> <p>22 make the decision as to who would replace</p> <p>23 Ms. Leppla as the director of the Ohio</p> <p>24 Department of Health Injury Prevention Grant?</p> <p>25 A. Human resources.</p> | <p style="text-align: right;">Page 85</p> <p>1 A. Ms. Vince went through the interview</p> <p>2 process and scored the highest and was awarded</p> <p>3 the position.</p> <p>4 Q. And when you say scored the highest,</p> <p>5 can you tell us what you mean by that?</p> <p>6 A. She went through the interview</p> <p>7 process that has three people in the room and</p> <p>8 goes -- those individual are scored based upon a</p> <p>9 question-and-answer series. So each individual</p> <p>10 is scored, and the highest individual receives</p> <p>11 the job.</p> <p>12 Q. Were you one of the three people in</p> <p>13 the room?</p> <p>14 A. I was.</p> <p>15 Q. And did you score or grade the</p> <p>16 applicants?</p> <p>17 A. I graded -- I was involved in the</p> <p>18 scoring procedure, yes.</p> <p>19 Q. Was Ms. Vince your personal choice</p> <p>20 for this position?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 Q. Or did you favor Ms. Karns?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. Originally, I mean through</p> <p>25 conversations, Ms. Karns scored originally</p> |

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| <p style="text-align: right;">Page 86</p> <p>1 higher. But then after my conversations with</p> <p>2 Mr. Novickis and discussions with human</p> <p>3 resources, we went back and looked through the</p> <p>4 scoring process, and Ms. Vince was picked</p> <p>5 instead of Mrs. Karns.</p> <p>6 Q. Who were the other two people in the</p> <p>7 room?</p> <p>8 A. It was one of our human resources,</p> <p>9 and I can't remember if it was Tameka or not,</p> <p>10 and Wallace Chambers.</p> <p>11 Q. If I understand your testimony</p> <p>12 correctly then, actually Ms. Karns scored higher</p> <p>13 than Ms. Vince?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 A. At the end of the scoring process, we</p> <p>16 went through and discussed what took place</p> <p>17 amongst those three individuals, and as a human</p> <p>18 resources agency, Ms. Vince was promoted to that</p> <p>19 position.</p> <p>20 Q. Got that part, but I'm asking you</p> <p>21 about the scoring process specifically.</p> <p>22 Who scored higher; Ms. Karns or</p> <p>23 Ms. Vince?</p> <p>24 A. At the end, Ms. Vince.</p> <p>25 Q. Originally Ms. Karns got a higher</p> | <p style="text-align: right;">Page 88</p> <p>1 process is not over until that individual is put</p> <p>2 in that position. Once our final process was</p> <p>3 over, Ms. Vince was the staff member that was</p> <p>4 promoted.</p> <p>5 Q. I get where it came out. I'm asking</p> <p>6 you about the process, how you got from Point A</p> <p>7 to Point Z.</p> <p>8 A. And I just explained to you that</p> <p>9 through conversations with human resources and</p> <p>10 Mr. Novickis, those scores, okay, were picked at</p> <p>11 the end of the human resources process and</p> <p>12 Ms. Vince was put in that position.</p> <p>13 Q. What happened with respect to human</p> <p>14 resources that caused Ms. Vince to have her</p> <p>15 score become higher than Ms. Karns?</p> <p>16 A. It was a conversation with my</p> <p>17 director, Rick Novickis, and we talked about</p> <p>18 both of the candidates and who would fit better,</p> <p>19 and then that final decision was made.</p> <p>20 Q. Did you come to the conclusion as</p> <p>21 part of your conversations with Mr. Novickis</p> <p>22 that Ms. Vince would be the better candidate for</p> <p>23 the position?</p> <p>24 A. I did have a conversation with</p> <p>25 Mr. Novickis about that, yes.</p> |
| <p style="text-align: right;">Page 87</p> <p>1 score, and then the scoring was adjusted such</p> <p>2 that Ms. Vince received a higher score? Is that</p> <p>3 correct?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. Through our human resources division,</p> <p>6 we went through a process. We reevaluated a</p> <p>7 process, and Ms. Vince was picked as the program</p> <p>8 manager.</p> <p>9 Q. Is that because the scores were</p> <p>10 adjusted such that her score became higher than</p> <p>11 Ms. Karns, or is it because of some other</p> <p>12 reason?</p> <p>13 A. That was part of our human resources</p> <p>14 process, so I followed through on that. I don't</p> <p>15 have any control over their human resources</p> <p>16 process.</p> <p>17 Q. I'm asking you whether or not</p> <p>18 Ms. Vince ultimately was selected for this</p> <p>19 position because her scores were modified at</p> <p>20 some point in the process such that her score</p> <p>21 became higher than Ms. Karns.</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 A. I can only tell you what I know, and</p> <p>24 I'm telling you after we went through the</p> <p>25 process of evaluating the candidates -- the</p> | <p style="text-align: right;">Page 89</p> <p>1 Q. And did you come to that conclusion?</p> <p>2 A. Yes.</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 THE WITNESS: Sorry.</p> <p>5 MR. SMITH: That's fine.</p> <p>6 A. Yes.</p> <p>7 Q. What was the role of Mr. Chris Kippes</p> <p>8 as part of the selection of Ms. Vince to replace</p> <p>9 Ms. Leppla?</p> <p>10 A. Chris Kippes is the director of</p> <p>11 epidemiology and surveillance. He had no -- he</p> <p>12 wasn't involved in the interview process, if</p> <p>13 that's what you're asking me.</p> <p>14 Q. Did he have any impact whatsoever in</p> <p>15 terms of the selection of Ms. Vince over</p> <p>16 Ms. Karns?</p> <p>17 A. No, he did not.</p> <p>18 Q. Is it your view that the process by</p> <p>19 which Ms. Vince was selected to replace</p> <p>20 Ms. Leppla was conducted fairly?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. It was within our human resources</p> <p>23 protocol. That's what I followed, so I would</p> <p>24 say at that point in time, yes.</p> <p>25 Q. As you sit here today, do you believe</p> |

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| <p style="text-align: right;">Page 90</p> <p>1 that the process by which Ms. Vince was selected</p> <p>2 over Ms. Karns, or at that time Ms. Gray, was</p> <p>3 conducted fairly?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. Having gone through the human</p> <p>6 resources process and followed it through and</p> <p>7 made that decision with April Vince, yes.</p> <p>8 Q. All right. Let's turn back to your</p> <p>9 resumé. It's Exhibit 1.</p> <p>10 We were looking at the invited</p> <p>11 lectures on the back of --</p> <p>12 A. Give this back?</p> <p>13 Q. You can just keep it there next to</p> <p>14 you, if you don't mind.</p> <p>15 We're back to Exhibit 1, looking at</p> <p>16 the invited lectures. You indicated that you</p> <p>17 had presented at the Ohio Opiate Summit and that</p> <p>18 that was with a panel of other presenters,</p> <p>19 correct?</p> <p>20 A. Yeah, that was a panel.</p> <p>21 Q. Who were the other panel presenters?</p> <p>22 A. I don't recall.</p> <p>23 Q. If you skip down one, you get to</p> <p>24 Partnership for Prevention "Addressing Ohio's</p> <p>25 Opiate Epidemic," and that was a National</p> | <p style="text-align: right;">Page 92</p> <p>1 available materials and information with respect</p> <p>2 to the opioid abuse trends in Ohio?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I don't know at that point in time.</p> <p>5 Q. How do you spell Moseley?</p> <p>6 A. I couldn't tell you.</p> <p>7 Q. When you say that it was through Judi</p> <p>8 Moseley that you received information from the</p> <p>9 Ohio Department of Health, describe the specific</p> <p>10 way in which you received that information.</p> <p>11 Did you reach out to her and ask for</p> <p>12 it, was she sending it to you in your capacity</p> <p>13 as the chair of the Cuyahoga County Opiate Task</p> <p>14 Force, or was it through some other means?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. I don't know.</p> <p>17 Q. Why don't you know?</p> <p>18 A. I don't know. I can't recall how she</p> <p>19 sent me the information or how I gathered the</p> <p>20 information from 2011.</p> <p>21 Q. Is it your testimony that you are</p> <p>22 relying exclusively on information from the Ohio</p> <p>23 Department of Health for purposes of your</p> <p>24 presentation in 2011 at the National Association</p> <p>25 of County and City Health Officials conference</p> |
| <p style="text-align: right;">Page 91</p> <p>1 Association of County and City Health Officials</p> <p>2 event held in Hartford, Connecticut --</p> <p>3 A. Correct.</p> <p>4 Q. -- correct?</p> <p>5 A. Uh-huh.</p> <p>6 Q. What did you lecture on at this</p> <p>7 conference in Hartford, Connecticut in July</p> <p>8 2011?</p> <p>9 A. It was on the current state of the</p> <p>10 opiate epidemic in Ohio.</p> <p>11 Q. Did you use a slide deck?</p> <p>12 A. I did.</p> <p>13 Q. Did you talk about the contributing</p> <p>14 factors to the opioid abuse epidemic in Ohio?</p> <p>15 A. Yeah. The slide deck at that point</p> <p>16 in time, a lot of the information that was</p> <p>17 provided to the slide deck was from Ohio</p> <p>18 Department of Health.</p> <p>19 Q. How did you receive that information</p> <p>20 from the Ohio Department of Health?</p> <p>21 A. At that point in time, I want to say</p> <p>22 it was through Judi Moseley, who is no longer at</p> <p>23 the Ohio Department of Health.</p> <p>24 Q. Do you recall that the Ohio</p> <p>25 Department of Health was issuing publicly</p> | <p style="text-align: right;">Page 93</p> <p>1 on the opioid epidemic, or was that just one of</p> <p>2 the sources of information you had available?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I can't answer that. I don't know at</p> <p>5 this point in time my recollection. I don't</p> <p>6 have any recollection to --</p> <p>7 Q. Would it help you remember if we</p> <p>8 looked at your slide deck?</p> <p>9 A. Yes, it would.</p> <p>10 Q. And you've presented many times on</p> <p>11 the trends of opioid abuse and overdose in Ohio</p> <p>12 and in Cuyahoga County. Fair?</p> <p>13 A. Yes.</p> <p>14 Q. To many different audiences.</p> <p>15 A. Yes.</p> <p>16 Q. Are your presentations usually</p> <p>17 roughly -- do they roughly contain the same</p> <p>18 materials or do they vary widely?</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 A. I think the materials would change</p> <p>21 based upon information provided --</p> <p>22 (Outside interruption by unknown</p> <p>23 speaker via phone and discussion off</p> <p>24 the record at 10:53 a.m.)</p> <p>25 A. Would you be able to ask --</p> |

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| <p style="text-align: right;">Page 94</p> <p>1 Q. I can ask it again.</p> <p>2 A. Ask it again, please.</p> <p>3 Q. Let's do that. I had asked whether</p> <p>4 or not the presentations that you've made on</p> <p>5 behalf of the Cuyahoga County Board of Health</p> <p>6 about trends of opioid abuse, addiction,</p> <p>7 overdose to the many audiences are roughly the</p> <p>8 same or if they varied widely depending on the</p> <p>9 nature of the presentation.</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. I think depending on the year,</p> <p>12 depending on the programs that are currently</p> <p>13 taking place -- and I'll explain -- the trends,</p> <p>14 it could change.</p> <p>15 An example would be when we first</p> <p>16 started working collectively, as a</p> <p>17 collaborative, we didn't have Project DAWN. As</p> <p>18 we progressed throughout the years, those</p> <p>19 numbers had changed.</p> <p>20 So depending on what our pilot</p> <p>21 initiatives were, additional task force members</p> <p>22 that are maybe providing information;</p> <p>23 Dr. Gilson's reports, as they continued</p> <p>24 throughout the years, if there was an update</p> <p>25 from DEA on some things that they're seeing on</p> | <p style="text-align: right;">Page 96</p> <p>1 or from that House Bill 170.</p> <p>2 I think you can look at some at-risk</p> <p>3 factors based upon conversations with jail</p> <p>4 members, knowing that people that come out of</p> <p>5 jails and into reentry are at a greater risk of</p> <p>6 overdose because their tolerance is lower.</p> <p>7 Those are some of the things that I</p> <p>8 would probably say relates to change.</p> <p>9 I would also probably incorporate the</p> <p>10 connection between the misuse and abuse of</p> <p>11 prescription medication as it relates to the use</p> <p>12 of heroin and fentanyl trends from Dr. Gilson</p> <p>13 and treatment providers that have been shared</p> <p>14 with me.</p> <p>15 Those are just some examples.</p> <p>16 Q. Great, thank you. And we'll visit</p> <p>17 some of those examples over the course of the</p> <p>18 day, but I appreciate you setting those out.</p> <p>19 What is the National Association of</p> <p>20 County and City Health Officials?</p> <p>21 A. That is NACCHO. It is our -- would</p> <p>22 be public health's national organization.</p> <p>23 Q. It's a national organization?</p> <p>24 A. Yes, national organization of city</p> <p>25 and county health officials.</p> |
| <p style="text-align: right;">Page 95</p> <p>1 the streets.</p> <p>2 So the presentations would change</p> <p>3 based upon trends and reflect whether it be</p> <p>4 what's taking place in Ohio or whether we had</p> <p>5 the opportunity to really digest any information</p> <p>6 locally and put that in there based upon</p> <p>7 collaborative partnerships.</p> <p>8 Q. What are the material changes in</p> <p>9 trends that you have seen in terms of opioid</p> <p>10 abuse and overdoses during the years that you've</p> <p>11 been studying and looking at and responding to</p> <p>12 the opioid abuse epidemic in Cuyahoga County?</p> <p>13 A. Sure. So based upon collaborative</p> <p>14 partnerships and the professionals that are</p> <p>15 offering information to me, you could see trends</p> <p>16 as far as a reduction in prescribing practices</p> <p>17 among physicians. You could see the emphasis</p> <p>18 and the importance in the value of understanding</p> <p>19 how stigma plays a role in this epidemic. You</p> <p>20 could see a change in the way that law</p> <p>21 enforcement looks at substance abuse and their</p> <p>22 willingness to change some of their practices to</p> <p>23 have NARCAN in place. You could see the changes</p> <p>24 in third-party consumers who have access to</p> <p>25 Naloxone now with the change in House Bill 170</p> | <p style="text-align: right;">Page 97</p> <p>1 Q. Are city and county officials from</p> <p>2 other Ohio counties and municipalities members</p> <p>3 of the National Association of County and City</p> <p>4 Health Officials?</p> <p>5 A. I can't answer that question.</p> <p>6 Q. Do you have to apply for membership?</p> <p>7 A. Yes.</p> <p>8 Q. Do you know what the criteria are for</p> <p>9 membership?</p> <p>10 A. I do not.</p> <p>11 Q. Do you know if other Ohio county or</p> <p>12 city officials attended the Partnership for</p> <p>13 Prevention addressing Ohio's opiate epidemic on</p> <p>14 a -- attended that in Connecticut in July 2011?</p> <p>15 A. I can't recall.</p> <p>16 Q. If you skip one more on your list of</p> <p>17 invited lectures, we get to a lecture you made</p> <p>18 entitled "Ohio's Opiate Epidemic and</p> <p>19 Medication-Assisted Treatment: Northern Ohio</p> <p>20 Trauma Systems Annual Conference,</p> <p>21 October 12th-13th, 2012." Do you see that?</p> <p>22 A. Yes, I do.</p> <p>23 Q. You gave a lecture for it looks like</p> <p>24 two hours, right?</p> <p>25 A. Yes.</p> |

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| <p style="text-align: right;">Page 98</p> <p>1 Q. What was the subject of your lecture 2 in October 2012 on Ohio's opiate epidemic in 3 northern Ohio?</p> <p>4 A. That conference is the Northern Ohio 5 Trauma Systems annual conference. My part of 6 this with Dr. Chris was more of an overview of 7 what was taking place in Ohio. Dr. Chris was 8 speaking about medicated-assisted treatment.</p> <p>9 Q. When this references Northern Ohio 10 Trauma Systems annual conference, what 11 jurisdictions or what region of Ohio is 12 encompassed by the northern Ohio language?</p> <p>13 A. I can't answer that.</p> <p>14 Q. Do you know if Summit County is 15 involved in the Northern Ohio Trauma Systems?</p> <p>16 A. I do not know.</p> <p>17 Q. Do you have any collaborative 18 relationship with public health officials in 19 Akron or Summit County when it comes to issues 20 related to opioids?</p> <p>21 A. I don't recall.</p> <p>22 Q. You don't recall as you sit here 23 today ever having communicated with public 24 health officials for Summit County or Akron on 25 the subject of opioid abuse?</p> | <p style="text-align: right;">Page 100</p> <p>1 I can recall in regards to dealing with Summit.</p> <p>2 Q. What generally did you speak about 3 with Ms. Skoda?</p> <p>4 A. I can't recall what that conversation 5 would have been.</p> <p>6 Q. You recall that it was related to 7 opioid abuse?</p> <p>8 A. I can't recall. I mean, I -- I think 9 I ran into her -- you know, I don't recall.</p> <p>10 Q. My question originally to you was 11 whether or not you can recall any conversations 12 you've had with officials on behalf of Summit 13 County or the City of Akron related to trends of 14 opioid abuse or overdoses, and you indicated in 15 response to that question that you had had a 16 conversation with Ms. Skoda. Why did you 17 identify that conversation?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Donna and I -- I recall Donna and I 20 had a conversation about Naloxone, if I recall 21 correctly.</p> <p>22 Q. Do you recall when that conversation 23 took place?</p> <p>24 A. It was in the infancy stages. It was 25 probably -- I really -- I can't recall when that</p> |
| <p style="text-align: right;">Page 99</p> <p>1 A. It's possible, but I mean I don't 2 have anything that kind of comes straight to my 3 head, to be honest with you.</p> <p>4 Q. Do you know whether Summit County has 5 an opiate task force?</p> <p>6 A. I'm aware that Summit does, yes.</p> <p>7 Q. Has the Cuyahoga County Opiate Task 8 Force collaborated with the Summit County Opiate 9 Task Force in any respects?</p> <p>10 A. We may have collaborated from the 11 standpoint -- and this is going back from a 12 recollection standpoint -- maybe trying to get 13 information on their data dashboard, is the only 14 thing that I can think of. I don't recall any 15 other conversations with anybody from Summit on 16 the specifics of their task force.</p> <p>17 Q. Do you recall any conversations with 18 anybody on behalf of Summit County or Akron in 19 relation to trying to understand or address 20 trends and issues related to opioid abuse and 21 overdoses?</p> <p>22 A. I may have had a conversation with 23 Donna Skoda at some point in time, who is their 24 commissioner, but I don't remember the specifics 25 of our conversation. And that's about all that</p> | <p style="text-align: right;">Page 101</p> <p>1 was, but...</p> <p>2 Q. When you say infancy stages, what do 3 you mean?</p> <p>4 A. It was when Naloxone was just really 5 becoming adopted in Cuyahoga County.</p> <p>6 Q. When in Cuyahoga County was Naloxone 7 starting to be used?</p> <p>8 A. 2013.</p> <p>9 Q. Okay. Do you know if any other 10 officials from Cuyahoga County attended the 11 Northern Ohio Trauma Systems annual conference 12 at which you presented and lectured on Ohio's 13 opiate epidemic?</p> <p>14 A. Could you ask that question again for 15 me?</p> <p>16 Q. Sure. Do you know if any other 17 officials from Cuyahoga County attended the 18 Northern Ohio Trauma Systems annual conference 19 in October 2012 at which you presented and 20 lectured on Ohio's opiate epidemic?</p> <p>21 A. I do not know.</p> <p>22 Q. You've indicated earlier today -- 23 what is your understanding as to why you, 24 Mr. Caraffi, were asked to lecture at the 25 conferences that are identified on your resumé,</p> |

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| <p style="text-align: right;">Page 102</p> <p>1 which is Exhibit 1, on the opioid epidemic?</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. I can't answer that question. I</p> <p>4 mean, I've been asked to speak by Steve</p> <p>5 Dettelbach when he was actually the</p> <p>6 United States district attorney. He flew me</p> <p>7 down to Atlanta to talk. A lot of that had to</p> <p>8 do with the information that was given me</p> <p>9 through partnerships. I've been asked to speak</p> <p>10 at different events through the Department of</p> <p>11 Justice when Carole Rendon was actually there.</p> <p>12 I can't answer why people would ask</p> <p>13 me to attend.</p> <p>14 Q. I know you can't get in their head,</p> <p>15 but --</p> <p>16 A. I can't answer that question.</p> <p>17 Q. -- you accepted those invitations?</p> <p>18 A. Yes, I did.</p> <p>19 Q. Why did you agree to accept</p> <p>20 invitations to talk about the opioid epidemic in</p> <p>21 Cuyahoga County, northern Ohio, and Ohio overall</p> <p>22 in 2011 and 2012?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. I think it goes back to what you</p> <p>25 asked me earlier: Having a passion for the job;</p> | <p style="text-align: right;">Page 104</p> <p>1 invitation, and other invitations across the</p> <p>2 country.</p> <p>3 If I have an opportunity to speak on</p> <p>4 this issue on behalf of the task force, it's not</p> <p>5 about me as a chair, you keep bringing up. It's</p> <p>6 about the people and the work that's going on</p> <p>7 with those task force members that are educated</p> <p>8 in substance abuse, that have knowledge on</p> <p>9 treatment, that understand what it's like to run</p> <p>10 a drug court and the challenges that they face.</p> <p>11 It's not about me.</p> <p>12 Q. Is it fair to say that you felt</p> <p>13 qualified to accept the invitations that you</p> <p>14 received to present on the causes and scope of</p> <p>15 the opioid abuse epidemic insofar as it concerns</p> <p>16 Cuyahoga County, northern Ohio, and Ohio</p> <p>17 overall?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I'm not an expert on those things</p> <p>20 that you had just mentioned earlier, but I think</p> <p>21 I can carry a message. I think I can speak on</p> <p>22 behalf of some of the things that maybe Dr. Papp</p> <p>23 has shared with me, with the recognition that</p> <p>24 I'm not a physician, just as you can probably do</p> <p>25 the same on a different subject matter.</p> |
| <p style="text-align: right;">Page 103</p> <p>1 having a passion for what you do; understanding</p> <p>2 and knowing what it's like to deal with a family</p> <p>3 member that's addicted to opioids; be</p> <p>4 experienced in the stigma that's involved that</p> <p>5 you carry because of prescription opioids and</p> <p>6 how it impacts not only a family, but a</p> <p>7 community. And I think that's why.</p> <p>8 Our --</p> <p>9 Q. Did you -- I'm sorry.</p> <p>10 A. Our role as public health is to put</p> <p>11 some prevention out there, to get more people to</p> <p>12 talk about that.</p> <p>13 Q. Did you --</p> <p>14 A. I'm not done.</p> <p>15 Q. I'm sorry. I keep thinking you're</p> <p>16 done. Please go ahead.</p> <p>17 A. You know, breaking down the stigma</p> <p>18 that takes place is a very, very significant</p> <p>19 barrier, and having a mother that carries that,</p> <p>20 you know, you're fighting one battle at a time.</p> <p>21 It's a horrible, horrible disease,</p> <p>22 and when somebody like Steve Dettelbach, Carole</p> <p>23 Rendon, or Dr. Gilson asks you to participate, I</p> <p>24 think that's important, and that's why I</p> <p>25 accepted Steve's invitation, Carole's</p> | <p style="text-align: right;">Page 105</p> <p>1 I'm not an expert, and I've shared</p> <p>2 that with you before. I don't have a background</p> <p>3 in substance abuse.</p> <p>4 I think my role, as we've discussed</p> <p>5 earlier, is really to facilitate dialogue and</p> <p>6 continue to bring more people to the table that</p> <p>7 may have some input, some knowledge, or some</p> <p>8 expertise that can help us through this</p> <p>9 prescription opioid epidemic.</p> <p>10 Q. Is it fair to say that if you had</p> <p>11 felt like you were not an appropriate choice or</p> <p>12 that you were unqualified to lecture on those</p> <p>13 subjects, you would not have accepted those</p> <p>14 invitations?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. I would agree with you. And there's</p> <p>17 opportunities that were presented that -- you</p> <p>18 know, to speak amongst physicians and different</p> <p>19 areas of this problem where I didn't feel</p> <p>20 comfortable, and I would say that.</p> <p>21 I can't speak on behalf of</p> <p>22 medicated-assisted treatment. Do I know what</p> <p>23 that means? Yes, but I don't know what a</p> <p>24 medicated-assisted treatment program is.</p> <p>25 Do I know what cognitive behavioral</p> |

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| <p style="text-align: right;">Page 106</p> <p>1 therapy is? Yes, but I can't administer that.</p> <p>2 I can't deal with that with a client.</p> <p>3 As I said before, I'm gathering</p> <p>4 information from those experts in the field and</p> <p>5 trying to increase awareness and knowledge for</p> <p>6 maybe a mom or a dad that's dealing with this</p> <p>7 because their son or daughter has an opioid</p> <p>8 disorder and they want to know more: Where can</p> <p>9 they get help; you know, where is there a family</p> <p>10 program that they can go down to and talk about</p> <p>11 this so that they can help themselves.</p> <p>12 Q. You've indicated a couple of times</p> <p>13 that at some point the Cuyahoga County Board of</p> <p>14 Health received a grant from the Ohio Department</p> <p>15 of Health to assist with Cuyahoga County's</p> <p>16 efforts to understand and address opioid abuse</p> <p>17 in the county, right?</p> <p>18 A. Yes.</p> <p>19 Q. In what year did the Cuyahoga County</p> <p>20 Board of Health first receive this grant from</p> <p>21 the Ohio Department of Health?</p> <p>22 A. It was 2014.</p> <p>23 Q. So this was several years after</p> <p>24 Cuyahoga County had already established the</p> <p>25 Cuyahoga County Opiate Task Force. Is that</p> | <p style="text-align: right;">Page 108</p> <p>1 and address opioid abuse in Cuyahoga County?</p> <p>2 A. That grant money comes from the</p> <p>3 CDC -- Centers for Disease Control, I'm sorry.</p> <p>4 Q. From the Federal Government, right?</p> <p>5 A. Correct.</p> <p>6 Q. Is the Cuyahoga County Board of</p> <p>7 Health still a recipient of the Ohio Department</p> <p>8 of Health Injury Prevention Grant focused on</p> <p>9 opioid abuse?</p> <p>10 A. The end of our first grant award was</p> <p>11 2018, and we received an additional year this</p> <p>12 year, but we did not get funded for the full</p> <p>13 five-year application.</p> <p>14 Q. Does the Cuyahoga County Board of</p> <p>15 Health intend to seek additional funding from</p> <p>16 the Ohio Department of Health in connection with</p> <p>17 that grant for years beyond 2019?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Yes.</p> <p>20 Q. Are the funds provided by the Ohio</p> <p>21 Department of Health to the Cuyahoga County</p> <p>22 Board of Health for opioid-related expenditures</p> <p>23 earmarked for particular purposes, or is the</p> <p>24 Cuyahoga County Board of Health free to use</p> <p>25 those funds however it sees fit?</p> |
| <p style="text-align: right;">Page 107</p> <p>1 right?</p> <p>2 A. Correct.</p> <p>3 Q. Do you know why Cuyahoga County was</p> <p>4 selected as a grant recipient from the Ohio</p> <p>5 Department of Health?</p> <p>6 A. I cannot answer that.</p> <p>7 Q. Do you know the source of funding --</p> <p>8 A. Excuse me. Can I get a real quick</p> <p>9 glass of water?</p> <p>10 Q. Of course. You want to go off the</p> <p>11 record?</p> <p>12 MR. SMITH: Let's take a --</p> <p>13 A. I just need -- I wanted to just grab</p> <p>14 some water and come back.</p> <p>15 VIDEO TECHNICIAN: Off the record at</p> <p>16 11:11.</p> <p>17 (Recess taken at 11:11 a.m.)</p> <p>18 (Back on the record at 11:21 a.m.)</p> <p>19 VIDEO TECHNICIAN: On the record</p> <p>20 11:21, Media 2, Caraffi deposition.</p> <p>21 BY MR. BOEHM:</p> <p>22 Q. Mr. Caraffi, do you know the sources</p> <p>23 of funding that the Ohio Department of Health</p> <p>24 uses to fund the grant that it gave to the</p> <p>25 Cuyahoga County Board of Health to understand</p> | <p style="text-align: right;">Page 109</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. It would depend on the grant</p> <p>3 application.</p> <p>4 Q. Has the CCBH -- and by the way, just</p> <p>5 for the record, is CCBH an acronym that you</p> <p>6 understand and use to mean the Cuyahoga County</p> <p>7 Board of Health?</p> <p>8 A. Yes.</p> <p>9 Q. And if I use the term "CCBH" today</p> <p>10 during the deposition, will you understand it to</p> <p>11 mean the Cuyahoga County Board of Health?</p> <p>12 A. Of course.</p> <p>13 Q. Has CCBH received more than one grant</p> <p>14 from the Ohio Department of Health in connection</p> <p>15 with addressing opioid abuse and overdoses?</p> <p>16 A. No, it has not.</p> <p>17 Q. So my question to you is whether or</p> <p>18 not the funds that the Ohio Department of Health</p> <p>19 has awarded to CCBH in connection with</p> <p>20 addressing opioid abuse and overdose is</p> <p>21 earmarked for specific purposes or whether or</p> <p>22 not CCBH is free to use those funds however it</p> <p>23 sees fit.</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. It's dependent upon the grant</p> |

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| <p style="text-align: right;">Page 110</p> <p>1 application.</p> <p>2 Q. What do you mean?</p> <p>3 A. The grant itself has choices. You</p> <p>4 have to choose those drop-down or pick lists as</p> <p>5 part of your grant application.</p> <p>6 Q. Okay. And what is the case with</p> <p>7 respect to how CCBH has applied for and received</p> <p>8 grant funds from the Ohio Department of Health?</p> <p>9 Are the funds discretionary or are they</p> <p>10 earmarked?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. The grant basically forces you to</p> <p>13 choose where you're going to put your efforts</p> <p>14 in.</p> <p>15 Q. I see. So the application that CCBH</p> <p>16 submits to the Ohio Department of Health for the</p> <p>17 grant identifies the purposes for which the</p> <p>18 money will be spent. Is that right?</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 A. The application is released with</p> <p>21 choices that are available. You have to choose</p> <p>22 through a pick list and then submit the grant to</p> <p>23 the Ohio Department of Health.</p> <p>24 Q. What have been the deliverables that</p> <p>25 CCBH has agreed to undertake in connection with</p> | <p style="text-align: right;">Page 112</p> <p>1 Q. In connection with CCBH's receipt of</p> <p>2 Ohio Department of Health funding in connection</p> <p>3 with the opioid abuse epidemic in the county,</p> <p>4 did CCBH agree to formally review overdose death</p> <p>5 data in connection with the office of the</p> <p>6 medical examiner?</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. Could you restate the question for</p> <p>9 me?</p> <p>10 Q. Sure. As part of the Cuyahoga County</p> <p>11 Board of Health's receipt of these grant funds</p> <p>12 from the Ohio Department of Health, did CCBH</p> <p>13 agree to review overdose death data in</p> <p>14 coordination with the Cuyahoga County office of</p> <p>15 the medical examiner?</p> <p>16 MR. SMITH: Objection; form.</p> <p>17 A. Could you ask me the question again?</p> <p>18 I'm trying to get a basis on how to answer this.</p> <p>19 Q. Sure. As part of Cuyahoga County</p> <p>20 Board of Health's agreement to take funds from</p> <p>21 the Ohio Department of Health, this injury</p> <p>22 prevention grant directed as opioid abuse, did</p> <p>23 CCBH agree to review opioid-related overdose</p> <p>24 death data in coordination with the Cuyahoga</p> <p>25 County office of the medical examiner?</p> |
| <p style="text-align: right;">Page 111</p> <p>1 receipt of the Ohio Department of Health grant</p> <p>2 funds that we've been discussing?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. Are you discussing this year's</p> <p>5 application?</p> <p>6 Q. I'm talking about ever since CCBH</p> <p>7 received grant funding from the Ohio Department</p> <p>8 of Health to the present day, what have the</p> <p>9 deliverables been in connection with those</p> <p>10 funds?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. We never had a --</p> <p>13 THE WITNESS: Sorry, Scott.</p> <p>14 A. This is the first year we've ever had</p> <p>15 a deliverables-based grant. The first five-year</p> <p>16 application that we applied for where we</p> <p>17 received funding in 2014 was to enhance, you</p> <p>18 know, awareness, build local collaborative</p> <p>19 partnerships to address the opioid epidemic.</p> <p>20 Q. With respect to that first grant that</p> <p>21 was used to build partnerships and a coalition,</p> <p>22 were there any other purposes to which those</p> <p>23 grant funds went other than building</p> <p>24 partnerships and increasing awareness?</p> <p>25 A. No.</p> | <p style="text-align: right;">Page 113</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. Yes, we did.</p> <p>3 Q. And who participated from Cuyahoga</p> <p>4 County Board of Health in terms of the review of</p> <p>5 overdose death data?</p> <p>6 A. Myself.</p> <p>7 Q. Anybody else?</p> <p>8 A. I don't recall anybody else from our</p> <p>9 office doing that.</p> <p>10 Q. What was the purpose of the review of</p> <p>11 the overdose death data?</p> <p>12 A. The purpose of the over- -- or the</p> <p>13 overdose fatality review was to be able to</p> <p>14 identify trends in the community.</p> <p>15 Q. When did that begin? Specifically</p> <p>16 when did the review of the overdose fatality</p> <p>17 data --</p> <p>18 A. I can't recall.</p> <p>19 Q. -- be- -- sorry. I paused, so that's</p> <p>20 my fault. I paused. You probably thought I was</p> <p>21 done.</p> <p>22 A. Yeah, I thought you were done. I'm</p> <p>23 sorry.</p> <p>24 MR. SMITH: Take your time.</p> <p>25 Q. That's my fault.</p> |

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| <p style="text-align: right;">Page 114</p> <p>1 A. Okay.</p> <p>2 Q. Do you recall when the Cuyahoga</p> <p>3 County Board of Health began to review overdose</p> <p>4 death data with the Cuyahoga County office of</p> <p>5 the medical examiner in connection with the Ohio</p> <p>6 Department of Health grant funds?</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. I do not recall when we started, off</p> <p>9 the top of my head.</p> <p>10 Q. Do you know whether or not CCBH had</p> <p>11 been reviewing overdose death data in any way</p> <p>12 prior to receipt of the Ohio Department of</p> <p>13 Health funding?</p> <p>14 A. I don't know.</p> <p>15 Q. Were you personally involved with the</p> <p>16 review of overdose fatality data in Cuyahoga</p> <p>17 County prior to the Ohio Department of Health</p> <p>18 awarding CCBH the grant funds that we've been</p> <p>19 discussing?</p> <p>20 A. I can't recall.</p> <p>21 Q. Did Cuyahoga County Board of Health</p> <p>22 use any of the funds it received from the Ohio</p> <p>23 Department of Health to train medical doctors or</p> <p>24 medical students about the appropriate</p> <p>25 prescribing of opioid medications?</p> | <p style="text-align: right;">Page 116</p> <p>1 field.</p> <p>2 Q. Is it fair to say that the training</p> <p>3 module was designed to increase future doctors'</p> <p>4 awareness about the worrisome trends in terms of</p> <p>5 prescription drug abuse and overdose?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. Yes.</p> <p>8 Q. Did the training module provide any</p> <p>9 information or suggestions to these future</p> <p>10 doctors about the best way to prescribe opioid</p> <p>11 medications to individual patients?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. I can't recall.</p> <p>14 Q. Who developed the training module?</p> <p>15 You said it was in coordination with Case</p> <p>16 Western. What specific individuals participated</p> <p>17 in the development of the training module?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. We work with Dr. Melanie</p> <p>20 Golembiewski.</p> <p>21 Q. Who else worked on it besides</p> <p>22 Dr. Golembiewski?</p> <p>23 A. Myself and Allisyn Leppla.</p> <p>24 Q. What was your role?</p> <p>25 A. I don't recall.</p> |
| <p style="text-align: right;">Page 115</p> <p>1 A. Yes, we did.</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 Q. Can you please describe CCBH's</p> <p>4 efforts to train medical doctors or medical</p> <p>5 students about the appropriate prescribing of</p> <p>6 opioid medications?</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. Those trainings were in conjunction</p> <p>9 with information that was provided to me through</p> <p>10 other sources on the task force, and we had</p> <p>11 worked out a training module through Case</p> <p>12 Western Reserve's fourth and fifth year</p> <p>13 residency program.</p> <p>14 Q. What was the purpose of the training</p> <p>15 module?</p> <p>16 A. The purpose of the training module</p> <p>17 was to increase awareness to the issue that was</p> <p>18 taking place or the awareness that there was</p> <p>19 something taking place in Cuyahoga County and</p> <p>20 the opioid abuse epidemic in Ohio.</p> <p>21 As I mentioned to you before when you</p> <p>22 had asked me about risk factors, prescribing</p> <p>23 practices, it was intent to raise awareness to</p> <p>24 young fourth and fifth-year residents,</p> <p>25 physicians, before they actually got into the</p> | <p style="text-align: right;">Page 117</p> <p>1 Q. As part of Cuyahoga County Board of</p> <p>2 Health receiving funds from the Ohio Department</p> <p>3 of Health, did the CCBH agree to perform</p> <p>4 systematic review of OARRS data?</p> <p>5 A. I don't recall.</p> <p>6 Q. Do you know what OARRS is?</p> <p>7 MR. BOEHM: And for the court</p> <p>8 reporter, OARRS is an acronym and it's</p> <p>9 spelled O-A-R-R-S.</p> <p>10 Q. Mr. Caraffi, are you familiar with</p> <p>11 OARRS?</p> <p>12 A. I'm familiar with what OARRS is, yes.</p> <p>13 Q. What is OARRS?</p> <p>14 A. It's Ohio's automated prescription</p> <p>15 monitoring program.</p> <p>16 Q. And what is it?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. It's a preventative tool that's put</p> <p>19 in place to be used by physicians, from my</p> <p>20 recollection.</p> <p>21 Q. When you call OARRS a preventative</p> <p>22 tool, what do you mean by that? In what way is</p> <p>23 OARRS preventative?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. It gives physicians an idea and a</p> |

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| <p style="text-align: right;">Page 118</p> <p>1 history of the individuals that they are</p> <p>2 prescribing opioid pain medication to, from my</p> <p>3 understanding.</p> <p>4 Q. Is it your understanding that</p> <p>5 licensed physicians who prescribe controlled</p> <p>6 substances have access to the OARRS database</p> <p>7 here in Ohio?</p> <p>8 A. Yes.</p> <p>9 Q. Do you know when the OARRS system was</p> <p>10 developed?</p> <p>11 A. I don't know.</p> <p>12 Q. Are licensed physicians who prescribe</p> <p>13 controlled substances the only individuals who</p> <p>14 have access to the OARRS system?</p> <p>15 A. I don't know.</p> <p>16 Q. CCBH has had access to the OARRS</p> <p>17 system, right?</p> <p>18 A. I don't know.</p> <p>19 Q. Do you recall ever having had</p> <p>20 conversations with other individuals at the</p> <p>21 Cuyahoga County Board of Health or other</p> <p>22 officials in Cuyahoga County about the</p> <p>23 utilization of OARRS to try and understand the</p> <p>24 causes and best response to prescription opioid</p> <p>25 abuse?</p> | <p style="text-align: right;">Page 120</p> <p>1 A. I understand, sir. I'm just</p> <p>2 answering your question.</p> <p>3 Q. Right, but are you -- is it correct</p> <p>4 that the Cuyahoga County Board of Health, in</p> <p>5 your view, is independent from the County</p> <p>6 itself?</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. Yes.</p> <p>9 Q. In what way is the Cuyahoga County</p> <p>10 Board of Health separate and independent from</p> <p>11 Cuyahoga County itself?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. I don't know.</p> <p>14 Q. Well, you said you had an</p> <p>15 understanding that it's independent, and I'm</p> <p>16 trying to understand the basis for your</p> <p>17 statement that the CCBH is independent from the</p> <p>18 County.</p> <p>19 MR. SMITH: Is there a question?</p> <p>20 Q. What is the basis?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. From my recollection, it's through</p> <p>23 Ohio revised code.</p> <p>24 Q. The basis of your understanding that</p> <p>25 the Cuyahoga County Board of Health is</p> |
| <p style="text-align: right;">Page 119</p> <p>1 A. Could you ask that question again,</p> <p>2 please?</p> <p>3 Q. Sure. Have you ever had</p> <p>4 conversations with any other individuals at the</p> <p>5 Cuyahoga County Board of Health or any other</p> <p>6 officials for Cuyahoga County on the subject of</p> <p>7 utilizing the OARRS system to try and understand</p> <p>8 the scope of opioid abuse and to respond to</p> <p>9 opioid abuse in this community?</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. Yes, I have.</p> <p>12 Q. Can you please describe those</p> <p>13 conversations.</p> <p>14 A. I can't recall the conversations.</p> <p>15 Q. Do you agree that County health</p> <p>16 officials have access to data from the OARRS</p> <p>17 system?</p> <p>18 A. I can't answer that question.</p> <p>19 Q. Because you don't know?</p> <p>20 A. I don't work for the County.</p> <p>21 Q. You were just making the point that</p> <p>22 the Cuyahoga County Board of Health is an</p> <p>23 independent entity from Cuyahoga County. Is</p> <p>24 that right?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 121</p> <p>1 independent from the County is from your review</p> <p>2 of the Ohio revised code?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. That was my answer, yes. Ohio</p> <p>5 revised code mandates that general boards of</p> <p>6 health are separate.</p> <p>7 Q. Back to my question about OARRS, you</p> <p>8 had indicated that you recall having had</p> <p>9 conversations with individuals, whether they be</p> <p>10 from CCBH or other county officials, on the</p> <p>11 subject of utilizing the OARRS system to try and</p> <p>12 understand and address trends of prescription</p> <p>13 opioid abuse and overdoses.</p> <p>14 Can you please describe with whom you</p> <p>15 had those conversations and what you discussed.</p> <p>16 MR. SMITH: Objection; form.</p> <p>17 A. I've had conversations with</p> <p>18 Dr. Gilson, but I don't recall the content of</p> <p>19 the conversation.</p> <p>20 Q. Do you recall when those</p> <p>21 conversations took place roughly?</p> <p>22 A. I do not. I don't recall when the</p> <p>23 conversations took place.</p> <p>24 Q. Do you know whether or not Cuyahoga</p> <p>25 County can discern the volume of prescribed</p> |

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1 opioid medications prescribed in the county
 2 through the OARRS system?
 3 MR. SMITH: Objection; form.
 4 A. I think anyone in Ohio can get access
 5 through the Ohio Pharmacy Board to see how many
 6 prescription medications have been disseminated
 7 in a county.
 8 Q. In what way, in your view --
 9 A. Can we -- can I get bottled water or
 10 something?
 11 Q. Of course.
 12 (Off the written record.)
 13 Q. In what way does knowing the volume
 14 of prescribed opioid medications in the county
 15 help the County to understand the nature and the
 16 causes of opioid abuse in this community?
 17 MR. SMITH: Objection; form.
 18 A. I don't know.
 19 Q. Why don't you know?
 20 MR. SMITH: Objection; form.
 21 A. I would use information from other
 22 partners on a collaborative task force to answer
 23 that question.
 24 Q. Is it your understanding that knowing
 25 the volume of prescribed opioid medications in

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1 the county is helpful to the County in trying to
 2 understand the nature and contributing factors
 3 to opioid abuse in this community?
 4 A. Could you restate the question for
 5 me, please?
 6 Q. Sure. Is it your understanding that
 7 having access to information about the volume of
 8 prescribed opioid medications in Cuyahoga County
 9 is helpful to the County's efforts to understand
 10 the nature and causes of opioid abuse in this
 11 community?
 12 MR. SMITH: Objection; form.
 13 A. Conversations with collaborative
 14 partners through the task force whether it be
 15 law enforcement, Dr. Gilson, or the medical
 16 community, yes.
 17 Q. And what is your understanding based
 18 on your conversations with those individuals and
 19 experts as to how it is helpful to know the
 20 volume of prescribed opioid medications in
 21 trying to understand opioid abuse in Cuyahoga
 22 County?
 23 MR. SMITH: Objection; form.
 24 A. I think it relates back to some of
 25 the risk factors we had mentioned earlier when

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1 you look at the per capita rate of opioid pain
 2 medications that were prescribed to people in
 3 Ohio.
 4 I think it also helps create a pause
 5 to ensure that physicians are looking to see if
 6 an individual may have a substance abuse
 7 disorder or a history, and I'm speaking on
 8 behalf of partners that have offered that.
 9 Q. Fair to say that using OARRS data
 10 would allow an individual to determine the
 11 volume of prescriptions of opioid medications on
 12 a per capita basis county by county?
 13 MR. SMITH: Objection; form.
 14 A. I don't know.
 15 Q. Why don't you know that?
 16 A. I'm not in the medical field.
 17 Q. Have you had conversations with
 18 experts or other individuals in the County about
 19 that particular subject?
 20 MR. SMITH: Objection; form.
 21 A. Could you ask me the first question
 22 before you ask me the second, please?
 23 Q. Sure. Just to back up a little bit,
 24 the question is whether you agree that
 25 information provided in the OARRS system would

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1 allow the County to determine the volume of
 2 prescribed opioid medications in the county on a
 3 per capita basis.
 4 MR. SMITH: Is that -- I'm sorry, is
 5 that a question?
 6 MR. BOEHM: Yes.
 7 MR. SMITH: Objection; form.
 8 A. I don't understand your question
 9 to --
 10 Q. I'll just read it again.
 11 A. Please. I'm not trying to be
 12 difficult.
 13 Q. No, that's okay.
 14 A. I just don't understand your
 15 question.
 16 Q. Of course. Do you agree that
 17 information provided in the OARRS system would
 18 allow the County to determine the volume of
 19 prescribed opioid medications in the county on a
 20 per capita basis?
 21 MR. SMITH: Objection; form.
 22 A. I don't know.
 23 Q. Why don't you know?
 24 MR. SMITH: Objection; form.
 25 A. You'd have to ask those county

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| <p style="text-align: right;">Page 126</p> <p>1 officials. I'm not in the medical field.</p> <p>2 Q. Do you have an understanding of that</p> <p>3 question based on your conversations with</p> <p>4 Dr. Gilson, folks in law enforcement, or any</p> <p>5 other individuals that you've interacted with</p> <p>6 based on your chairmanship of the Cuyahoga</p> <p>7 County Opiate Task Force?</p> <p>8 MR. SMITH: Objection; form.</p> <p>9 A. As it relates to physicians, as it</p> <p>10 relates to law enforcement, it would be helpful</p> <p>11 based upon my conversations with those</p> <p>12 individuals that are part of the task force.</p> <p>13 Q. How has the utilization of OARRS</p> <p>14 helped Cuyahoga County address opioid abuse</p> <p>15 and addiction?</p> <p>16 A. In Cuyahoga County, it helped</p> <p>17 establish patterns of abuse through partners on</p> <p>18 the coalition.</p> <p>19 In Cuyahoga County, I think -- in</p> <p>20 Cuyahoga County through the medical examiner's</p> <p>21 office, it showed a direct link between opioid</p> <p>22 prescription abuse, heroin, and fentanyl.</p> <p>23 And I think in the medical community,</p> <p>24 partners on the task force in the medical</p> <p>25 community, as we mentioned before, it creates a</p> | <p style="text-align: right;">Page 128</p> <p>1 Q. I'm trying to understand what you</p> <p>2 said about the patterns of abuse that you can</p> <p>3 discern or establish by utilizing OARRS.</p> <p>4 A. Your last question directly went to</p> <p>5 public health, and I'm explaining that the</p> <p>6 information does not come directly from public</p> <p>7 health.</p> <p>8 As a public health official, I get</p> <p>9 information from other collaborative partners:</p> <p>10 Law enforcement, Dr. Gilson, Office of Opioid</p> <p>11 Safety. That's why I responded the way that I</p> <p>12 did.</p> <p>13 Q. I see, okay. So pushing that aside</p> <p>14 for just a moment, what is your understanding</p> <p>15 about how the utilization of OARRS allows for</p> <p>16 the discernment or establishment of patterns of</p> <p>17 abuse?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I can't answer that question.</p> <p>20 Q. Is that because your knowledge about</p> <p>21 how the OARRS database helps establish patterns</p> <p>22 of abuse comes from other individuals in the</p> <p>23 community?</p> <p>24 A. I don't use the OARRS system. I</p> <p>25 don't have clients or see patients, so the only</p> |
| <p style="text-align: right;">Page 127</p> <p>1 pause or an understanding for a better working</p> <p>2 relationship with their clients.</p> <p>3 Q. Okay. Let's break that down a little</p> <p>4 bit.</p> <p>5 With respect to being able to discern</p> <p>6 or establish patterns of abuse, how does</p> <p>7 utilization of OARRS allow the County to</p> <p>8 understand patterns of abuse?</p> <p>9 A. I can't answer that question.</p> <p>10 Q. You don't know the details, but</p> <p>11 you've had conversations about that with others</p> <p>12 in the substance abuse community? Is that fair?</p> <p>13 A. Yes.</p> <p>14 Q. And your understanding is that</p> <p>15 utilization of OARRS allows public health</p> <p>16 officials to discern and establish patterns of</p> <p>17 abuse.</p> <p>18 A. No.</p> <p>19 Q. Okay. Then I'm not sure I understood</p> <p>20 what you said, because you indicated that</p> <p>21 utilization of OARRS allows you to establish</p> <p>22 patterns of abuse, and then you talked about the</p> <p>23 doctor-patient relationship as well, which I</p> <p>24 want to get to in a minute.</p> <p>25 A. Uh-huh.</p> | <p style="text-align: right;">Page 129</p> <p>1 information that I'm provided is members of the</p> <p>2 task force that have access to OARRS to come up</p> <p>3 with the trends that they share with me as my</p> <p>4 role to facilitate the task force.</p> <p>5 Q. Did you know that one of Ms. Leppla's</p> <p>6 duties in connection with the Ohio Department of</p> <p>7 Health Injury Prevention Grant was to review</p> <p>8 OARRS data?</p> <p>9 A. I don't recall that.</p> <p>10 Q. You indicated that the utilization of</p> <p>11 OARRS allows to draw a link in terms of</p> <p>12 prescription abuse. What did you mean by that?</p> <p>13 A. I'm sorry? I thought that thing was</p> <p>14 moving behind me. It was making me -- I'm</p> <p>15 sorry.</p> <p>16 Q. No, it's steady as a rock now.</p> <p>17 A. Go ahead.</p> <p>18 Q. My question to you was about the</p> <p>19 testimony you gave earlier on the OARRS system.</p> <p>20 You had indicated that it allows</p> <p>21 individuals who utilize OARRS to draw a link in</p> <p>22 terms of substance abuse, and you indicated that</p> <p>23 has to do with heroin and fentanyl and</p> <p>24 prescription opioids, and I wanted to understand</p> <p>25 what you meant by that.</p> |

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| <p style="text-align: right;">Page 130</p> <p>1 MR. SMITH: Is there a question?</p> <p>2 Q. What did you mean by that?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. Can I actually go back and see the</p> <p>5 question, please?</p> <p>6 Q. We don't really have the ability to</p> <p>7 do that. If you want to clarify something, then</p> <p>8 you can.</p> <p>9 A. If you could restate your question.</p> <p>10 Q. Sure.</p> <p>11 A. You're going back in time, and I'm</p> <p>12 having a hard time understanding what you're</p> <p>13 asking me. If I can't see it, I can't answer</p> <p>14 your question.</p> <p>15 Q. That's fine. I was just -- I didn't</p> <p>16 mean to try and quote you. I'm just trying</p> <p>17 to --</p> <p>18 A. I'm just trying to be helpful too, so</p> <p>19 go ahead.</p> <p>20 Q. Fair enough.</p> <p>21 Is it your understanding that</p> <p>22 utilization of OARRS allows officials who use it</p> <p>23 to link -- to draw links in terms of substance</p> <p>24 abuse trends or patterns?</p> <p>25 A. Speaking on behalf of those coalition</p> | <p style="text-align: right;">Page 132</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. I base it off of an article that came</p> <p>3 out of Metro Hospital. They talked about the</p> <p>4 reduction in prescription medication, that they</p> <p>5 have disseminated to their clients over the past</p> <p>6 year.</p> <p>7 Q. What was the change that that article</p> <p>8 referenced?</p> <p>9 A. A drop in the number of opioid pain</p> <p>10 pills that had been prescribed by their</p> <p>11 physicians.</p> <p>12 Q. What is your understanding about how</p> <p>13 the utilization of the OARRS system has led to a</p> <p>14 drop in the volume of opioid prescriptions that</p> <p>15 licensed physicians have written at Metro</p> <p>16 Health?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. I can't answer that question.</p> <p>19 Q. Why not?</p> <p>20 A. I don't work for Metro Health and I'm</p> <p>21 not a physician.</p> <p>22 Q. Right, but I'm asking about your</p> <p>23 understanding. You said you read an article,</p> <p>24 and you said the article somehow led you to</p> <p>25 believe that doctors utilizing OARRS allows the</p> |
| <p style="text-align: right;">Page 131</p> <p>1 members that have access to it? Yes.</p> <p>2 Q. Are you able to describe how?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. No, I am not.</p> <p>5 Q. Do you know when officials at the</p> <p>6 Cuyahoga County Office of the Medical Examiner</p> <p>7 or in other divisions, departments, or programs</p> <p>8 began to utilize the OARRS system?</p> <p>9 A. I don't recall the specific date.</p> <p>10 Q. Do you know if your partners from the</p> <p>11 County who were working in connection with the</p> <p>12 Cuyahoga County Opiate Task Force in the 2010,</p> <p>13 2011 time frame were utilizing the OARRS system</p> <p>14 at that time?</p> <p>15 A. I don't recall when the collaborative</p> <p>16 partnerships actually had access to OARRS.</p> <p>17 Q. You also indicated that individual</p> <p>18 physicians' utilization of the OARRS system can</p> <p>19 help in addressing prescription opioid abuse.</p> <p>20 Did I understand that correctly?</p> <p>21 A. That is correct.</p> <p>22 Q. What is your understanding about how</p> <p>23 utilization of the OARRS system has helped</p> <p>24 Cuyahoga County to address and respond to opioid</p> <p>25 abuse?</p> | <p style="text-align: right;">Page 133</p> <p>1 County to address opioid abuse.</p> <p>2 So I'm asking for your understanding</p> <p>3 based on your knowledge as the head of the</p> <p>4 opiate task force and having read this article</p> <p>5 and whatever other information you have about</p> <p>6 how that worked.</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. Based upon our earlier conversations,</p> <p>9 you had asked me about contributing risk</p> <p>10 factors. I mentioned to you prescribing</p> <p>11 practices.</p> <p>12 The article that came out that I read</p> <p>13 indicated that based upon the use of OARRS,</p> <p>14 based upon a better perception of what's going</p> <p>15 on at their local hospital, they were able to</p> <p>16 reduce the amount of prescription medication</p> <p>17 that was prescribed to their clients offering</p> <p>18 alternative methods of care.</p> <p>19 Q. Did Metro -- I'm sorry, go ahead.</p> <p>20 A. Go ahead. I'm done.</p> <p>21 Q. Did Metro Health revise its own</p> <p>22 guidelines for the prescribing of opioid</p> <p>23 medications?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. I can't answer that.</p> |

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1 Q. Because you don't know?

2 A. I don't recall.

3 Q. Have you ever heard of the term

4 "doctor shopping"?

5 MR. SMITH: Objection; form.

6 A. Yes.

7 Q. What is your understanding as to what

8 the term "doctor shopping" means?

9 MR. SMITH: Objection; form.

10 A. I recall that doctor shopping is a

11 physician's office that was legally prescribing

12 a large amount of prescription opioid pain

13 medication.

14 Q. So your understanding of the term

15 "doctor shopping" is that it refers to a

16 healthcare practitioner's office that legally

17 prescribes large volumes of opioid medications?

18 MR. SMITH: Objection; form.

19 A. Yes.

20 Q. Is there evidence in your view to

21 suggest that the utilization of the OARRS system

22 reduces doctor shopping?

23 MR. SMITH: Objection; form.

24 A. Based upon conversations with

25 individuals that are part of the task force, law

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1 enforcement, undercover narcotics, DEA,

2 Dr. Gilson's office, that, yes, OARRS has been

3 helpful.

4 Q. Ohio Law requires that physicians who

5 prescribe controlled substances use the OARRS

6 system before issuing any prescription to an

7 individual patient, correct?

8 MR. SMITH: Objection; form.

9 A. I can't answer that.

10 Q. You don't know whether the Ohio

11 General Assembly has passed a law requiring that

12 licensed physicians in the state of Ohio use the

13 OARRS system as part of their prescribing of

14 controlled substances to individual patients?

15 MR. SMITH: Objection; form.

16 A. I don't recall.

17 Q. Is that a subject you've ever heard

18 about, discussed, presented on --

19 MR. SMITH: Objection; form.

20 Q. -- as part of your duties and

21 responsibilities as the chair of the Cuyahoga

22 County Opiate Task Force?

23 MR. SMITH: Objection; form.

24 A. I have spoke on the specifics, but I

25 don't know when that date went into law.

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1 Q. Okay. But my question is, do you

2 know that utilization of OARRS by licensed

3 physicians prescribing controlled substances is

4 required by Ohio Law?

5 MR. SMITH: Objection; form.

6 A. Yes, I do. I misunderstood your

7 question before.

8 Q. Was one of your responsibilities in

9 connection with the Ohio Department of Health

10 Injury Prevention Grant to assist with opiate

11 task force creation in neighboring counties?

12 A. Yes, it was.

13 Q. Have you, in fact, assisted with the

14 creation of opiate task forces in counties that

15 neighbor Cuyahoga County?

16 A. Yes, we have assisted counties

17 neighboring Cuyahoga County and others.

18 Q. Which counties have you assisted in

19 establishing opiate task forces?

20 A. We worked with Trumbull, Medina, and

21 Lorain County.

22 Q. Any others?

23 A. Not that I recall.

24 Q. I asked you some questions earlier

25 today about Mr. Chris Kippes. Do you remember

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1 that?

2 A. I do.

3 Q. Is Mr. Kippes somebody that you work

4 with at the Cuyahoga County Board of Health?

5 A. Yes. Mr. Kippes is the director of

6 environmental -- or, I'm sorry, epidemiology and

7 surveillance.

8 Q. Has Mr. Kippes been involved in

9 Cuyahoga County's -- sorry, I'm going to start

10 over.

11 A. No problem.

12 Q. Has Mr. Kippes been involved with the

13 Cuyahoga County Board of Health's efforts in

14 connection with understanding and addressing

15 opioid abuse?

16 MR. SMITH: Objection; form.

17 A. Yes.

18 Q. In what way?

19 MR. SMITH: Objection; form.

20 A. Data collection efforts.

21 Q. What is the nature of your working

22 relationship with Mr. Kippes?

23 A. He's a director of the office of

24 epidemiology and surveillance.

25 Q. Do you guys get along?

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| <p style="text-align: right;">Page 138</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. Yes.</p> <p>3 (DEPOSITION EXHIBIT 3 MARKED</p> <p>4 FOR IDENTIFICATION at 12:00 p.m.)</p> <p>5 Q. Have you ever had any complaints</p> <p>6 about the manner in which Mr. Kippes has</p> <p>7 conducted his responsibilities at the Cuyahoga</p> <p>8 County Board of Health?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. Does it pertain to the document you</p> <p>11 put in front of me?</p> <p>12 Q. No. I'm just asking you that</p> <p>13 question.</p> <p>14 A. Could you restate the question again,</p> <p>15 please?</p> <p>16 Q. Sure. Have you ever had any</p> <p>17 complaints about the manner in which Mr. Kippes</p> <p>18 has conducted himself or his responsibilities at</p> <p>19 the Cuyahoga County Board of Health?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. Yes.</p> <p>22 Q. What are the nature of the complaints</p> <p>23 you've had with respect to Mr. Kippes?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. Mr. Kippes made some accusations</p> | <p style="text-align: right;">Page 140</p> <p>1 allegation that you had sexually harassed women?</p> <p>2 A. I can't answer that question.</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 Q. But I'm asking -- when you say you</p> <p>5 can't answer a question, it leaves open the</p> <p>6 reasons why you can't answer a question. I'm</p> <p>7 always going to ask you why you can't.</p> <p>8 A. Yeah.</p> <p>9 Q. So you can short-circuit that if you</p> <p>10 want to just say "I don't know."</p> <p>11 A. I don't know.</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 Q. Okay. You don't know.</p> <p>14 A. I don't know.</p> <p>15 Q. Was there an investigation conducted</p> <p>16 about allegations that you had sexually harassed</p> <p>17 women?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I don't know.</p> <p>20 Q. You're not aware of whether or not</p> <p>21 there was any investigation conducted about the</p> <p>22 allegation that you had sexually harassed women?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 THE WITNESS: Can we take a break?</p> <p>25 MR. SMITH: He's got a question</p> |
| <p style="text-align: right;">Page 139</p> <p>1 about me last year -- or, I'm sorry, the year</p> <p>2 before.</p> <p>3 Q. What accusations did Mr. Kippes make?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. He made an accusation that I sexually</p> <p>6 a harassed women.</p> <p>7 Q. Did he raise that with human</p> <p>8 resources at CCBH?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. I can't answer that.</p> <p>11 Q. Because you don't know?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. I can't answer that question.</p> <p>14 Q. Right, but I'm trying to understand</p> <p>15 why you can't answer that question.</p> <p>16 Can you not answer that question</p> <p>17 because you don't know the answer, or is there</p> <p>18 some other reason why you can't answer that</p> <p>19 question?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. I don't know where the complaint came</p> <p>22 from.</p> <p>23 Q. Do you know if Mr. Kippes complained</p> <p>24 to the human resources department of the</p> <p>25 Cuyahoga County Board of Health about the</p> | <p style="text-align: right;">Page 141</p> <p>1 posed, so you answer the question and then</p> <p>2 we can take a break.</p> <p>3 THE WITNESS: I'm sorry?</p> <p>4 Q. You can't take --</p> <p>5 MR. SMITH: You have to answer the</p> <p>6 question, and then we'll take a break.</p> <p>7 THE WITNESS: Okay.</p> <p>8 A. Go ahead.</p> <p>9 Q. Do you remember the question, or</p> <p>10 would you like --</p> <p>11 A. If you could restate it, that would</p> <p>12 be helpful.</p> <p>13 Q. Do you know whether or not there was</p> <p>14 an investigation conducted about Mr. Kippes's</p> <p>15 allegation that you had sexually harassed women</p> <p>16 at CCBH?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. There was.</p> <p>19 Q. Did you participate in that</p> <p>20 investigation?</p> <p>21 MR. SMITH: We let you answer the</p> <p>22 question and now we take a break.</p> <p>23 MR. BOEHM: I'm about done with this</p> <p>24 line, but if you want to...</p> <p>25 MR. SMITH: That's what he wants to</p> |

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| <p style="text-align: right;">Page 142</p> <p>1 do. You told him he can take a break</p> <p>2 whenever he wants, and you're a man of your</p> <p>3 word.</p> <p>4 MR. BOEHM: Right. I meant when</p> <p>5 there's a need for it, not just a...</p> <p>6 MR. SMITH: There's a need.</p> <p>7 VIDEO TECHNICIAN: Off the record at</p> <p>8 12:04.</p> <p>9 (Recess taken at 12:04 p.m.)</p> <p>10 (Back on the record at 12:15 p.m.)</p> <p>11 VIDEO TECHNICIAN: On the record</p> <p>12 12:15.</p> <p>13 BY MR. BOEHM:</p> <p>14 Q. Welcome back, Mr. Caraffi. When we</p> <p>15 broke, I was asking you questions about the</p> <p>16 investigation at CCBH into Mr. Kippes's</p> <p>17 allegations of sexual harassment.</p> <p>18 A. Uh-huh.</p> <p>19 Q. Did you participate in that</p> <p>20 investigation?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. I did.</p> <p>23 Q. You were interviewed?</p> <p>24 A. I was.</p> <p>25 Q. Is that investigation concluded?</p> | <p style="text-align: right;">Page 144</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. No, I do not.</p> <p>3 Q. This document that I've marked as</p> <p>4 Exhibit 3 for purposes of your deposition is an</p> <p>5 e-mail chain that involves Mr. Kippes.</p> <p>6 I want to direct your attention --</p> <p>7 you know how e-mail chains, when you print them</p> <p>8 out, it works; you have to start at the bottom</p> <p>9 and go up.</p> <p>10 So if we are starting</p> <p>11 chronologically, we see an e-mail that you wrote</p> <p>12 on May 2nd, 2013 to somebody by the name of</p> <p>13 Terry. Do you see that?</p> <p>14 A. Can I read the whole document?</p> <p>15 Q. Sure. I'm going to ask you some</p> <p>16 specific questions, so --</p> <p>17 A. Can I read through it real quick?</p> <p>18 Q. Of course. It's a short document.</p> <p>19 Just to be clear, how this will work is, if you</p> <p>20 need to look at a part of a document to respond</p> <p>21 to a question that has been asked, then you can</p> <p>22 do that.</p> <p>23 MR. SMITH: Well --</p> <p>24 Q. So my question to you --</p> <p>25 MR. SMITH: -- I'm going to have an</p> |
| <p style="text-align: right;">Page 143</p> <p>1 A. It has concluded.</p> <p>2 Q. What were the results of the</p> <p>3 investigation?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. The results of the investigation were</p> <p>6 found to be that he acted inappropriately, but I</p> <p>7 am not sure what the outcome of that was through</p> <p>8 our human resources department. Any actions</p> <p>9 taken beyond are confidential.</p> <p>10 Q. Were any actions taken as to your</p> <p>11 employment in any way in connection with the</p> <p>12 investigation into Mr. Kippes's allegations that</p> <p>13 you had sexually harassed women?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 A. There was no basis. They didn't find</p> <p>16 anything wrong.</p> <p>17 Q. Okay. Were any -- so just to make</p> <p>18 sure the question's clear, were any actions</p> <p>19 taken as to your employment in connection with</p> <p>20 the investigation conducted into Mr. Kippes's</p> <p>21 allegation that you had sexually harassed women?</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 A. No.</p> <p>24 Q. And you don't know whether or not any</p> <p>25 actions were taken with respect to Mr. Kippes?</p> | <p style="text-align: right;">Page 145</p> <p>1 objection.</p> <p>2 MR. BOEHM: He can look -- he can</p> <p>3 look --</p> <p>4 MR. SMITH: He's going to look at the</p> <p>5 document.</p> <p>6 So go ahead and read it because he's</p> <p>7 going to ask you about it.</p> <p>8 Q. I'm going to ask you about certain</p> <p>9 parts of documents. But right now my question</p> <p>10 to you -- and you can look at whatever part of</p> <p>11 the document you need to answer this question --</p> <p>12 is whether or not you know who Terry is who's</p> <p>13 addressed in your May 2nd e-mail.</p> <p>14 Do you need to review the document?</p> <p>15 MR. SMITH: Looks like he's got two</p> <p>16 pages and I've got one.</p> <p>17 MR. BOEHM: The second page printed</p> <p>18 out, but it was blank.</p> <p>19 MR. SMITH: Got it. Thank you.</p> <p>20 A. Okay, Paul.</p> <p>21 Q. My question is whether or not you</p> <p>22 know who the Terry is who you addressed this</p> <p>23 May 2nd, 2013 e-mail to.</p> <p>24 A. It's Terry Allan.</p> <p>25 Q. Who is Terry Allan?</p> |

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1 A. He's the commissioner of the Cuyahoga
2 County Board of Health.
3 Q. Has Mr. Allan had any involvement in
4 efforts on behalf of Cuyahoga County Board of
5 Health to understand or address opioid abuse in
6 the county?
7 MR. SMITH: Objection; form.
8 A. Yes.
9 Q. What has been the nature of
10 Mr. Allan's involvement in responding to opioid
11 abuse in Cuyahoga County?
12 MR. SMITH: Objection; form.
13 A. As a commissioner, he has
14 relationships with ODH and he has also been
15 helpful as far as building the local coalition
16 with some of his relationships.
17 Q. In this e-mail you write that CCBH
18 had run into unforeseen snags regarding the
19 request for identified data from the Ohio Board
20 of Pharmacy.
21 MR. SMITH: Where are you? I'm
22 sorry.
23 MR. BOEHM: It's the first sentence
24 of the e-mail that we've been looking at.
25 MR. SMITH: Okay. The bottom? Okay.

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1 A. Right down here?
2 Q. Yeah. Do you see that?
3 A. Yeah, I do.
4 Q. Did you mean to write there
5 deidentified data or did you intend to write
6 identified data?
7 MR. SMITH: Objection; form.
8 A. I don't recall.
9 Q. Well, if you look down further in
10 that same e-mail, you say:
11 "I thought it still would be
12 beneficial to request deidentified data to
13 obtain percentages of those decedents in
14 the OARRS system."
15 Do you see that?
16 A. Yeah. I don't recall.
17 Q. You've had an opportunity to look at
18 this. What does it mean to request deidentified
19 data from the OARRS system?
20 MR. SMITH: Objection; form.
21 A. You want to make sure that your data
22 you're collecting doesn't run into a violation
23 of HIPAA, so you always want deidentified data.
24 Q. What does deidentified data mean?
25 A. It would be data that you do not know

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1 who the individual is.
2 Q. So do you understand this e-mail
3 exchange to be in relation to a request that
4 CCBH had made to the Ohio Board of Pharmacy for
5 deidentified data from the OARRS system?
6 MR. SMITH: Objection; form.
7 A. We would only request the
8 deidentified data unless we went through an IRB.
9 Q. Why had you requested deidentified
10 data from the OARRS system at this time?
11 MR. SMITH: Objection; form.
12 A. To assist with our overdose review
13 data collection efforts, is my recollection.
14 Q. Okay. And how would deidentified
15 data from the OARRS system assist in your review
16 of overdose data in Cuyahoga County?
17 MR. SMITH: Objection; form.
18 A. It would help individuals like
19 Dr. Gilson predict trends in the community.
20 Q. Your e-mail suggests that you had ran
21 into unforeseen snags. What did you mean by
22 that?
23 A. I can't recall what that would have
24 been at that point in time.
25 Q. You don't remember what complications

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1 or barriers you faced?
2 A. I do not.
3 MR. SMITH: Objection; form.
4 Q. The last sentence of your e-mail says
5 that you had submitted the proposal to ODH --
6 that's the Ohio Department of Health, right?
7 A. Correct.
8 Q. You had submitted the proposal to ODH
9 today, and hopefully this ship will sail and not
10 sink in the harbor. Do you see that?
11 A. I do.
12 Q. Do you know if the Board of Pharmacy
13 did in fact provide Cuyahoga County Board of
14 Health the deidentified data that the County
15 requested at this time?
16 MR. SMITH: Objection; form.
17 A. I don't recall.
18 Q. Do I understand correctly that the
19 purpose of requesting the deidentified data was
20 to share those data with the Cuyahoga County
21 Office of the Medical Examiner?
22 A. I don't recall.
23 Q. You indicated that Dr. Gilson could
24 use the deidentified data for purposes of his
25 review of overdose death data, right?

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| <p style="text-align: right;">Page 150</p> <p>1 A. I did.</p> <p>2 Q. So is it your understanding that the</p> <p>3 request for deidentified data was for that</p> <p>4 purpose?</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 A. I don't recall.</p> <p>7 (DEPOSITION EXHIBIT 4 MARKED</p> <p>8 FOR IDENTIFICATION at 12:25 p.m.)</p> <p>9 Q. I've marked the next document that</p> <p>10 we're going to look at together as Exhibit 4.</p> <p>11 It's a July 2013 e-mail exchange.</p> <p>12 I want to direct your attention to</p> <p>13 Mr. Gilson's e-mail that starts the chain on</p> <p>14 July 2nd at 10:28 a.m. where he writes on the</p> <p>15 bottom of the first page:</p> <p>16 "The Board of Pharmacy provided me</p> <p>17 with deidentified data from the Ohio</p> <p>18 Automated Prescription Reporting System</p> <p>19 (OARRS) on the Cuyahoga County 2012 heroin</p> <p>20 deaths."</p> <p>21 Do you see that?</p> <p>22 A. Can I read this document, Paul?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 Q. You can, but I want to ask my</p> <p>25 question, and then I want you to answer the</p> | <p style="text-align: right;">Page 152</p> <p>1 respect to his receipt of deidentified data from</p> <p>2 the OARRS system.</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I'm going to read the document, and</p> <p>5 I'll answer your question.</p> <p>6 Q. You need to read the document, the</p> <p>7 whole document, to answer that question?</p> <p>8 MR. SMITH: Objection; form.</p> <p>9 Q. So I have a question pending. My</p> <p>10 question is, do you need to read the entire</p> <p>11 document to answer the question I just asked</p> <p>12 you?</p> <p>13 A. I'm going to read the document, the</p> <p>14 full document, before I answer your question.</p> <p>15 Q. But I have a question pending, and it</p> <p>16 is whether or not you need to read the entire</p> <p>17 document in order to answer the question I asked</p> <p>18 you.</p> <p>19 A. Yes, I do.</p> <p>20 MR. SMITH: He said yes.</p> <p>21 Q. You do, okay.</p> <p>22 A. Okay, Paul. Go ahead, I'm sorry.</p> <p>23 Q. Had I read that language correctly?</p> <p>24 A. Which language are we look- --</p> <p>25 MR. SMITH: Objection; form.</p> |
| <p style="text-align: right;">Page 151</p> <p>1 question I have. And if you need to read the</p> <p>2 document to answer my question, then you can,</p> <p>3 but I want you to hear my question so that you</p> <p>4 can decide whether or not reading it is helpful</p> <p>5 or not.</p> <p>6 Some of my questions you may need to</p> <p>7 do that, and some will just be "Who's</p> <p>8 Dr. Gilson." You don't need to read the</p> <p>9 document for that. All right. So let's take it</p> <p>10 question by question.</p> <p>11 MR. SMITH: I want to note an</p> <p>12 objection to your instructions.</p> <p>13 MR. BOEHM: That's fine.</p> <p>14 MR. SMITH: You've got a document.</p> <p>15 He asked you a question. Read the document</p> <p>16 and --</p> <p>17 MR. BOEHM: I asked -- Scott.</p> <p>18 MR. SMITH: Let me finish, let me</p> <p>19 finish.</p> <p>20 MR. BOEHM: Okay, go ahead.</p> <p>21 MR. SMITH: -- and answer his</p> <p>22 question.</p> <p>23 Q. So my question right now is whether</p> <p>24 or not I read correctly the language of</p> <p>25 Mr. Gilson's e-mail from July 2nd, 2013 with</p> | <p style="text-align: right;">Page 153</p> <p>1 Q. Okay. We'll go back to my question.</p> <p>2 A. Okay.</p> <p>3 Q. My question to you is, do you see</p> <p>4 that Mr. Gilson on July 2nd, 2013 wrote:</p> <p>5 "The Board of Pharmacy provided me</p> <p>6 with deidentified data from the Ohio</p> <p>7 Automated Prescription Reporting System</p> <p>8 (OARRS) on the Cuyahoga County 2012 heroin</p> <p>9 deaths."</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. I do see that.</p> <p>12 Q. Is it your understanding that the</p> <p>13 deidentified data that Mr. Gilson received in</p> <p>14 July about Cuyahoga County 2012 heroin deaths is</p> <p>15 in relation to the request that was being</p> <p>16 discussed by you and Mr. Allan in May 2013?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. Yes, I recollect the conversation</p> <p>19 that you linked them together.</p> <p>20 Q. Does this confirm for you that in</p> <p>21 fact the County did receive the deidentified</p> <p>22 data that it had requested from the Board of</p> <p>23 Pharmacy?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. Dr. Gilson received it, not the</p> |

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1 County.

2 Q. Dr. Gilson is an employee of Cuyahoga

3 County, correct?

4 A. When you say -- are you referring to

5 CCBH or County? Remember we talked about that

6 earlier, so that's what's -- that's...

7 Q. So my question right now is asking

8 for confirmation that Dr. Gilson is an employee

9 of the County.

10 A. Yes.

11 Q. Okay. Did Dr. Gilson share the

12 deidentified data that the Office of Medical

13 Examiner for Cuyahoga County received from the

14 OARRS system --

15 MR. SMITH: Objection --

16 Q. -- in the summer of 2013?

17 MR. SMITH: Objection; form.

18 A. I don't recall.

19 Q. I know you've had a chance to read

20 the entire e-mail, so you saw that Mr. -- or

21 Dr. Gilson goes on to describe the OARRS system,

22 correct?

23 A. What page are you on, Paul?

24 Q. There are only two pages to the

25 document.

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1 A. Okay.

2 Q. His e-mail goes on to describe in

3 general terms the OARRS system, right?

4 MR. SMITH: Objection; form.

5 A. Yes.

6 Q. And then it goes on to provide some

7 overview about the data that the medical

8 examiner's office had received from OARRS,

9 correct?

10 MR. SMITH: Objection; form.

11 A. Yes.

12 Q. Do you see the paragraph about

13 two-thirds of the way down, Page 2 of Exhibit 4,

14 that begins "Sorry to throw a lot of numbers"?

15 A. Yes, I do.

16 Q. Dr. Gilson wrote:

17 "Sorry to throw a lot of numbers

18 around, but here is what I think this

19 means. It has been suggested that a lot of

20 the current heroin problem is traceable

21 back to the overprescription of legal

22 painkillers."

23 Do you see that?

24 A. I do.

25 Q. And then he writes:

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1 "This confirms that the majority of

2 eventual heroin overdose victims are in the

3 medical system being treated for pain and

4 anxiety sedation."

5 Do you see that?

6 A. I do.

7 Q. What did you understand Dr. Gilson to

8 be saying when he wrote that?

9 MR. SMITH: Objection; form.

10 A. I can't respond to that. I don't

11 know what Dr. Gilson was thinking when he wrote

12 the e-mail.

13 Q. But I didn't ask you what Dr. Gilson

14 was thinking. I asked you how you understand

15 what Dr. Gilson wrote. If you can.

16 MR. SMITH: Objection; form.

17 A. I cannot at this point in time.

18 Q. You don't understand what he wrote?

19 A. I don't recall.

20 Q. As you sit here today and you read

21 what Dr. Gilson wrote, do you have an

22 understanding of what he meant?

23 MR. SMITH: Objection; form.

24 A. Those are Dr. Gilson's words. I

25 can't speak for him.

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1 Q. I'm not asking you to speak for him.

2 I'm asking you to speak for you.

3 MR. SMITH: Objection; form.

4 Q. As you sit here today, do you have an

5 understanding about what Dr. Gilson meant when

6 he wrote the words that we just read?

7 MR. SMITH: Objection; form.

8 A. I don't recall.

9 Q. I'm not asking you to recall

10 anything.

11 My question was, as you sit here

12 today, do you have an understanding about what

13 Dr. Gilson meant when he wrote the words we just

14 read?

15 MR. SMITH: Objection; form.

16 A. He's saying that prescription

17 medication is basically the connection for

18 heroin abuse.

19 MR. SMITH: Objection. Move to

20 strike.

21 Q. When do you first recall having heard

22 that the worrisome trends related to the abuse

23 of prescription opioids and overdoses was

24 possibly being driven by increased prescribing

25 by physicians?

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| <p style="text-align: right;">Page 158</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. I don't recall a specific date.</p> <p>3 Q. You don't need to identify a specific</p> <p>4 date. That would be really hard, if not</p> <p>5 impossible.</p> <p>6 Can you generally say when you first</p> <p>7 recall having heard that the worrisome trends</p> <p>8 that we've talked about earlier today related to</p> <p>9 abuse of opioids and overdoses might have been</p> <p>10 driven by the increased prescribing by licensed</p> <p>11 physicians of prescription opioid medications?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. 2009 report from the Ohio Department</p> <p>14 of Health.</p> <p>15 Q. Do you remember the name of that</p> <p>16 report?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. I do not off the top of my head.</p> <p>19 Q. Does the Cuyahoga County Board of</p> <p>20 Health prepare and issue to the public an annual</p> <p>21 report?</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 A. An organizational annual report, yes,</p> <p>24 it does.</p> <p>25 Q. For how long has the Cuyahoga County</p> | <p style="text-align: right;">Page 160</p> <p>1 Q. Do you recall a time when the</p> <p>2 Cuyahoga County Board of Health did not issue an</p> <p>3 organizational annual report?</p> <p>4 MR. SMITH: Objection; form. Please</p> <p>5 don't instruct him what to do. Just ask</p> <p>6 the questions, please.</p> <p>7 MR. BOEHM: I'm just trying to be</p> <p>8 helpful.</p> <p>9 MR. SMITH: You're not being helpful.</p> <p>10 A. I can't answer that question.</p> <p>11 Q. I'm asking you about, right now as</p> <p>12 you sit here today --</p> <p>13 A. Uh-huh.</p> <p>14 Q. -- whether you recall a time when the</p> <p>15 CCBH did not issue an organizational annual</p> <p>16 report.</p> <p>17 A. And I'm -- I don't remember when we</p> <p>18 started issuing annual reports. I can't answer</p> <p>19 that question.</p> <p>20 Q. That's not my question. You're</p> <p>21 answering a different question.</p> <p>22 A. Okay.</p> <p>23 Q. Can you, as you sit here today,</p> <p>24 recall a time when CCBH did not issue an</p> <p>25 organizational annual report?</p> |
| <p style="text-align: right;">Page 159</p> <p>1 Board of Health prepared and issued to the</p> <p>2 public an organizational annual report?</p> <p>3 A. I can't answer that.</p> <p>4 Q. Has the Cuyahoga County Board of</p> <p>5 Health been issuing an organizational annual</p> <p>6 report since you joined the Cuyahoga County</p> <p>7 Board of Health?</p> <p>8 A. I can't recall when it started, when</p> <p>9 we started issuing annual reports.</p> <p>10 Q. Do you recall a time when the</p> <p>11 Cuyahoga County Board of Health did not issue an</p> <p>12 organizational annual report?</p> <p>13 A. I can't tell you when we started. I</p> <p>14 don't recall when we started an annual report.</p> <p>15 Q. I'm sorry, I had a different</p> <p>16 question.</p> <p>17 Do you recall a time when CCBH did</p> <p>18 not issue an organizational annual report?</p> <p>19 A. I can't answer that question. I</p> <p>20 don't recall.</p> <p>21 Q. Respectfully, you either recall or</p> <p>22 you don't recall. So if you don't recall, the</p> <p>23 answer would be, no, you don't recall.</p> <p>24 So let me ask it again.</p> <p>25 A. Sure.</p> | <p style="text-align: right;">Page 161</p> <p>1 A. No, I cannot.</p> <p>2 Q. Do you have any role or</p> <p>3 responsibility in terms of the preparation of</p> <p>4 the annual report for CCBH?</p> <p>5 A. Yes.</p> <p>6 Q. What is the nature of your role or</p> <p>7 responsibility in terms of the preparation of</p> <p>8 the CCBH annual report?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. It would be dependent upon what</p> <p>11 program they were asking me to add information</p> <p>12 to or one of my program managers to add</p> <p>13 information to.</p> <p>14 Q. Is it fair to say that if there was a</p> <p>15 program being described in the annual report</p> <p>16 that fell under your area of responsibility,</p> <p>17 then you would have some role, but if it was a</p> <p>18 part -- if it was a program for which you did</p> <p>19 not have responsibility, then you would not have</p> <p>20 a role in terms of preparation of those sections</p> <p>21 of the report?</p> <p>22 MR. SMITH: Objection --</p> <p>23 Q. Is that a fair summary?</p> <p>24 MR. SMITH: Objection; form. Sorry.</p> <p>25 A. Yes.</p> |

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| <p style="text-align: right;">Page 162</p> <p>1 Q. Do you recall when the Cuyahoga 2 County Board of Health's annual report first 3 referenced trends in terms of prescription drug 4 abuse and overdose? 5 MR. SMITH: Objection; form. 6 A. No, I do not. 7 Q. Would you have had responsibility for 8 sections of the CCBH annual report that 9 reference unintentional prescription drug 10 poisonings and unused medications? 11 MR. SMITH: Objection; form. 12 A. I don't recall at that point in time. 13 In most cases, annual reports would be the 14 responsibility of program managers, so I don't 15 recall if I added narrative or not. 16 Q. If an annual report had a section on 17 drug abuse or overdose data, is that an area for 18 which you would have some responsibility? 19 A. If it had to do with data, it would 20 have been from partners, our part of the 21 coalition. 22 Q. And would you have had the 23 responsibility of reviewing those sections of 24 the annual report before they were finalized? 25 A. Yes.</p> | <p style="text-align: right;">Page 164</p> <p>1 MR. SMITH: You're on Page 9, you 2 said? 3 MR. BOEHM: Correct. 4 MR. SMITH: Thank you. 5 THE WITNESS: Want to see it? 6 MR. SMITH: Paul, while he's reading 7 that, we have no Bates stamps on this, 8 right? 9 MR. BOEHM: I believe that this 10 document is publicly available on the 11 CCBH's website. 12 MR. SMITH: Okay. It may be, but I'm 13 just asking -- there's no Bates stamps on 14 what is provided in discovery or exchanged? 15 MR. BOEHM: I can't say whether -- 16 MR. SMITH: -- Bates stamp? 17 MR. BOEHM: So you're right, this 18 document does not have a Bates stamp on it. 19 Whether or not it was produced with a Bates 20 stamp in the litigation, I am not a hundred 21 percent sure about. But I will say -- I'm 22 being told by my colleagues that there is a 23 version that is Bates stamped -- 24 MR. SMITH: Okay, great. 25 MR. BOEHM: -- that is also available</p> |
| <p style="text-align: right;">Page 163</p> <p>1 Q. The next document I'm going to show 2 you is going to be marked as Exhibit 5. 3 (DEPOSITION EXHIBIT 5 MARKED 4 FOR IDENTIFICATION at 12:40 p m.) 5 MR. BOEHM: I need one back so that I 6 can give Scott a copy. 7 MR. SMITH: Thank you. 8 MR. BOEHM: Sure. 9 Q. I've marked as Exhibit 5 the 2010 10 annual report from Cuyahoga County Board of 11 Health. Do you see that? 12 A. I do. 13 Q. Do you recall this particular annual 14 report? 15 A. I mean there's -- I know it's an 16 annual report. I mean, there's nothing that 17 jumps out at me, if that's what you're asking. 18 Q. There's a section of this report 19 that's titled "Unintentional Prescription Drug 20 Poisonings and Unused Medications." It's on 21 Page 9. 22 A. Okay. 23 Q. And my question is whether you would 24 have reviewed this section of the annual report 25 before it was finalized.</p> | <p style="text-align: right;">Page 165</p> <p>1 publicly. 2 MR. SMITH: Can we just read that in 3 the record so we all have the same -- 4 MR. BOEHM: Sure. That's fair. 5 MR. SMITH: He's reading it, so I'm 6 just -- housekeeping. 7 MR. BOEHM: Absolutely. A produced 8 version of the 2010 annual report has the 9 Bates stamp Cuyahoga 000018233. 10 MR. SMITH: Thank you. 11 MR. BOEHM: That's the first page of 12 that particular document. 13 (Reporter clarification.) 14 Q. Mr. Caraffi, do you remember the 15 question that I had asked you? 16 A. If you could share that with me 17 again, I would appreciate it, Paul. 18 Q. No problem. My question is whether 19 or not you would have reviewed the section of 20 the 2010 annual report on Page 9 entitled 21 "Unintentional Drug Poisonings and Unused 22 Medications" before it was finalized. 23 A. For content, yes. Spelling, grammar, 24 yes. 25 Q. Well, what about -- setting aside</p> |

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1 spelling and grammar, would you have reviewed
2 this section for substantive content and
3 accuracy?
4 MR. SMITH: Objection; form.
5 A. Yes.
6 Q. This 2010 annual report indicates
7 that there was an alarming trend in Ohio -- I'm
8 looking in the very first sentence.
9 A. Uh-huh.
10 Q. -- in terms of an increase in
11 prescription drug abuse and overdose. Do you
12 see that?
13 A. I do.
14 Q. And then it references this campaign
15 that we talked about earlier, "Prescription for
16 Prevention: Stop the Epidemic." Do you see
17 that?
18 A. I do.
19 Q. Is that an Ohio Department of Health
20 campaign?
21 MR. SMITH: Objection; form.
22 A. Yes.
23 Q. Did Cuyahoga County Board of Health
24 have some role with respect to the Ohio
25 Department of Health campaign entitled

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1 "Prescription for Prevention: Stop the
2 Epidemic"?
3 A. Yes.
4 Q. What was CCBH's role with respect to
5 this particular campaign?
6 MR. SMITH: Objection; form.
7 A. I mentioned to you earlier it was the
8 relationship with ODH and I think it was
9 FleishmanHillard to create awareness in Cuyahoga
10 County about the possibilities or which
11 currently taking place in Ohio as it related to
12 the opioid epidemic.
13 Q. It's obviously referenced in a 2010
14 report.
15 Do you know if this campaign had
16 already been launched prior to 2010?
17 A. Yes. This -- we talked about this
18 morning it was 2009 or 2010 when the
19 Prescription for Prevention came out.
20 Q. With respect to the term "epidemic"
21 that is in the title of this campaign, what is
22 your understanding about what the word
23 "epidemic" refers to in this context?
24 A. I would say an increase in morbidity
25 or mortality related to infectious disease or

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1 unintentional injury in a community during a
2 certain time period.
3 So if we're speaking about this, if I
4 look down there, we could talk about a person
5 between opioid deaths and unintentional
6 injuries --
7 (Reporter clarification.)
8 A. We could be talking about
9 unintentional poisonings or traffic-related
10 accidents, as it's mentioned in here.
11 Q. Right. But the campaign is called
12 Prescription for Prevention. That's not related
13 to traffic accidents, right?
14 MR. SMITH: Objection; form.
15 A. I understand.
16 Q. Right?
17 A. Correct.
18 Q. Is the epidemic that's being referred
19 to here in the 2010 CCBH annual report an
20 epidemic related to abuse of prescription
21 opioids and overdoses?
22 MR. SMITH: Objection; form.
23 A. Based upon information from the Ohio
24 Department of Health, yes.
25 Q. And CCBH had partnered with the Ohio

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1 Department of Health for purposes of this
2 campaign in Cuyahoga County, correct?
3 A. Yes.
4 Q. The first bullet point of this
5 section of the report states that in 2007,
6 unintentional drug poisonings became the leading
7 cause of injury death in Ohio. Do you see that?
8 A. I do.
9 Q. Do you know when in Cuyahoga County
10 unintentional drug poisoning became the leading
11 cause of injury death?
12 MR. SMITH: Objection; form.
13 A. I can't recall.
14 Q. Do you know if it was before or after
15 2007?
16 A. I can't recall.
17 Q. Do you see that in the next full
18 paragraph, it says Cuyahoga County is one of the
19 top five counties in Ohio for reported
20 prescription drug overdoses?
21 A. I do.
22 Q. For how long prior to 2010 had it
23 been true that Cuyahoga County was seeing
24 worrisome trends in terms of reported
25 prescription drug overdose?

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| <p style="text-align: right;">Page 170</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. I don't recall.</p> <p>3 Q. Do you recall when you first</p> <p>4 determined that there was an alarming trend of</p> <p>5 prescription drug abuse and overdose in Cuyahoga</p> <p>6 County?</p> <p>7 A. I don't recall.</p> <p>8 Q. You indicated earlier that there were</p> <p>9 certain individuals, partners, of CCBH who</p> <p>10 undertook to try and understand the causes of</p> <p>11 these trends of prescription drug abuse and</p> <p>12 overdoses around the time of this annual report</p> <p>13 in 2010.</p> <p>14 Do you recall what their conclusions</p> <p>15 were?</p> <p>16 A. Partners at CCBH? I don't understand</p> <p>17 the question.</p> <p>18 Q. You gave some names of people who you</p> <p>19 believed to have been primarily engaged in</p> <p>20 investigating and understanding the causes and</p> <p>21 contributing factors to trends of opioid abuse</p> <p>22 and overdoses in Cuyahoga County earlier today.</p> <p>23 And my question to you right now is</p> <p>24 whether or not you recall what those individuals</p> <p>25 concluded about the causes and contributing</p> | <p style="text-align: right;">Page 172</p> <p>1 partners, 2015 is we gained a general knowledge</p> <p>2 of the history of the problem.</p> <p>3 Q. So the causes that you identified in</p> <p>4 your lectures in 2011, where did you come up</p> <p>5 with that information?</p> <p>6 A. Those would have been from members of</p> <p>7 the Ohio Department of Health or other</p> <p>8 individual members on the coalition.</p> <p>9 Q. Did you undertake -- well, let me</p> <p>10 back up a second.</p> <p>11 For purposes of your presentations</p> <p>12 and discussions with members of the community</p> <p>13 about the causes of opioid abuse and overdoses</p> <p>14 in Cuyahoga County that go back to 2010, 2011,</p> <p>15 2012, is it your testimony that the exclusive</p> <p>16 source of information you had on that subject</p> <p>17 was the Ohio Department of Health?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 Q. And we'll look at documents, but I</p> <p>20 just want to get your honest under oath</p> <p>21 testimony about that.</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 A. I recall using Governor Strickland's</p> <p>24 report in April of 2010 as a guide for what we</p> <p>25 were looking at as a task force, and that was</p> |
| <p style="text-align: right;">Page 171</p> <p>1 factors of the trends of opioid-related abuse</p> <p>2 and overdoses.</p> <p>3 A. I don't understand the question. Are</p> <p>4 you asking about partners with Cuyahoga County</p> <p>5 Board of Health or partners at the task force?</p> <p>6 You said CCBH, so when we talked</p> <p>7 about it earlier, you said CCBH was the board of</p> <p>8 health. Are you talking about the coalition or</p> <p>9 the board of health?</p> <p>10 Q. I'm talking about both. I'm talking</p> <p>11 about the individuals who you identified earlier</p> <p>12 today who you had understood in the 2010 and</p> <p>13 2011 time frame to have undertaken an</p> <p>14 investigation of the causes of trends in</p> <p>15 prescription drug abuse and overdose and whether</p> <p>16 or not you know what those individuals concluded</p> <p>17 as part of their investigation.</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I don't recall in 2010.</p> <p>20 Q. When do you recall first hearing the</p> <p>21 conclusions that had been reached by experts in</p> <p>22 the community about the potential causes of</p> <p>23 prescription drug abuse and overdose trends?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. I would say collectively with</p> | <p style="text-align: right;">Page 173</p> <p>1 used through the guidance of ODH.</p> <p>2 Q. In your 2010 annual report for CCBH,</p> <p>3 you wrote:</p> <p>4 "Cuyahoga County is one of the top</p> <p>5 five counties in Ohio for reported</p> <p>6 prescription drug overdoses."</p> <p>7 Do you see that?</p> <p>8 A. I do.</p> <p>9 Q. Did I read that correctly?</p> <p>10 A. Uh-huh.</p> <p>11 Q. What did Cuyahoga County do in 2010</p> <p>12 to try and investigate or understand why</p> <p>13 Cuyahoga County was one of the top five counties</p> <p>14 in Ohio for reported prescription drug</p> <p>15 overdoses?</p> <p>16 MR. SMITH: Objection; form.</p> <p>17 A. That information came from Ohio</p> <p>18 Department of Health, and those were in the</p> <p>19 beginning phases of building a coalition.</p> <p>20 Q. Not my question.</p> <p>21 What did, if anything -- if the</p> <p>22 answer is nothing, then I'll take that, but my</p> <p>23 question now is this:</p> <p>24 What did Cuyahoga County do in or</p> <p>25 around 2010 to investigate the potential reasons</p> |

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| <p style="text-align: right;">Page 174</p> <p>1 why Cuyahoga County was one of the top five</p> <p>2 counties in Ohio for reported prescription drug</p> <p>3 overdoses?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. I can't recall at that point in time</p> <p>6 what we did.</p> <p>7 Q. Do you know if Cuyahoga County did</p> <p>8 anything to investigate the reasons why it was</p> <p>9 one of the top five counties in Ohio for</p> <p>10 reported prescription drug overdoses?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I can't recall.</p> <p>13 Q. You don't recall anything that the</p> <p>14 County or CCBH did to try and understand why</p> <p>15 Cuyahoga County was one of the top five counties</p> <p>16 in Ohio for reported prescription drug</p> <p>17 overdoses.</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I don't recall.</p> <p>20 Q. You don't recall anything.</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. I don't recall.</p> <p>23 Q. Do you recall when Cuyahoga County</p> <p>24 first undertook to try and understand why it was</p> <p>25 one of the top counties in Ohio for prescription</p> | <p style="text-align: right;">Page 176</p> <p>1 its formation, right?</p> <p>2 A. The Cuyahoga County Opiate Task</p> <p>3 Force. I was a member of the task force for the</p> <p>4 Prescription of Prevention, which you asked me</p> <p>5 earlier.</p> <p>6 Q. I'm asking you right now about the</p> <p>7 Cuyahoga County Opiate Task Force. You were the</p> <p>8 chair of the Cuyahoga County Opiate Task Force</p> <p>9 from the very first day of its creation, right?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. We only get a chance to talk</p> <p>12 to you once, Mr. Caraffi, so my question --</p> <p>13 A. I understand.</p> <p>14 Q. And you're the only chair.</p> <p>15 A. Correct.</p> <p>16 Q. You're the only person who had that</p> <p>17 role, right?</p> <p>18 A. Correct.</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 Q. So my question to you is, in your</p> <p>21 capacity as the chair of the Cuyahoga County</p> <p>22 Opiate Task Force, do you know whether Cuyahoga</p> <p>23 County or Cuyahoga County Board of Health</p> <p>24 undertook to try and understand the reasons why</p> <p>25 Cuyahoga County was one of the top counties in</p> |
| <p style="text-align: right;">Page 175</p> <p>1 drug overdoses?</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. Could you ask that question again,</p> <p>4 please?</p> <p>5 Q. Sure. Do you recall when Cuyahoga</p> <p>6 County first undertook to try and understand why</p> <p>7 it was one of the top counties in Ohio for</p> <p>8 prescription drug overdoses?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. I don't recall.</p> <p>11 Q. Is it your general recollection that</p> <p>12 CCBH never did undertake to try and understand</p> <p>13 the causes of why Cuyahoga County was one of the</p> <p>14 top counties in Ohio for prescription drug</p> <p>15 overdoses as of 2010?</p> <p>16 MR. SMITH: Objection; form.</p> <p>17 A. I can't recall the activities in</p> <p>18 2010.</p> <p>19 Q. Sir, you were the head of the</p> <p>20 Cuyahoga County Opiate Task Force as of 2010,</p> <p>21 right?</p> <p>22 A. We were still under the Partnership</p> <p>23 for Prevention.</p> <p>24 Q. You were the chair of the Cuyahoga</p> <p>25 County Opiate Task Force from the first day of</p> | <p style="text-align: right;">Page 177</p> <p>1 Ohio for prescription drug overdoses in 2010?</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. I do not recall.</p> <p>4 MR. SMITH: You've asked this five</p> <p>5 times. You're starting to badger the</p> <p>6 witness, and we're going to stop this right</p> <p>7 now or --</p> <p>8 MR. BOEHM: Good luck with that. I'm</p> <p>9 not badgering the witness.</p> <p>10 MR. SMITH: No, you've asked him four</p> <p>11 times the same question, and you don't like</p> <p>12 the answer, you're getting the same answer.</p> <p>13 Stop badgering him.</p> <p>14 MR. BOEHM: I'm not badgering the</p> <p>15 witness at all, and it's ridiculous for you</p> <p>16 to even make the suggestion.</p> <p>17 MR. SMITH: It's not ridiculous.</p> <p>18 MR. BOEHM: I'm asking my questions.</p> <p>19 You're not doing anything by arguing about</p> <p>20 it.</p> <p>21 MR. SMITH: No, I'm not arguing about</p> <p>22 it. And quit instructing him what to do.</p> <p>23 Just ask the question.</p> <p>24 MR. BOEHM: I am asking questions.</p> <p>25 Q. When --</p> |

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| <p style="text-align: right;">Page 178</p> <p>1 MR. SMITH: On that subject.</p> <p>2 MR. BOEHM: Can I please ask the</p> <p>3 question?</p> <p>4 MR. SMITH: No. On that subject, do</p> <p>5 you guys want to break for lunch? It's 1.</p> <p>6 MR. BOEHM: I'm about done with this</p> <p>7 line, so let me just finish it up and --</p> <p>8 MR. SMITH: You've got a few minutes,</p> <p>9 okay. That's fine.</p> <p>10 MR. BOEHM: -- and then we can break</p> <p>11 in just a few minutes.</p> <p>12 Q. When -- was there ever a time that</p> <p>13 the Cuyahoga County Board of Health undertook to</p> <p>14 investigate the potential causes for why</p> <p>15 Cuyahoga County was experiencing worrisome</p> <p>16 trends in prescription opioid abuse or</p> <p>17 overdoses?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I don't recall.</p> <p>20 Q. You don't recall sitting here today</p> <p>21 there ever being a time when the Cuyahoga County</p> <p>22 Board of Health undertook to try and understand</p> <p>23 why the county was one of the top counties in</p> <p>24 the state for prescription drug overdoses?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 180</p> <p>1 prescription drug overdoses?</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. Yes.</p> <p>4 Q. When was that?</p> <p>5 A. I can't give you specific dates. I</p> <p>6 don't recall specific dates for the question</p> <p>7 that you're asking.</p> <p>8 Q. Can you tell me a year?</p> <p>9 A. Yes.</p> <p>10 Q. What year?</p> <p>11 A. I can tell you in 2013, the</p> <p>12 development and the outreach and awareness</p> <p>13 associated with Project DAWN, as an example.</p> <p>14 Q. Is it your -- as you sit here today,</p> <p>15 is 2013, to the best of your recollection, the</p> <p>16 first time that you're aware that officials on</p> <p>17 behalf of or from Cuyahoga County began to</p> <p>18 investigate the reason or reasons why this</p> <p>19 county was one of the top counties in the state</p> <p>20 for reported prescription drug overdoses?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. I can't recall the specific</p> <p>23 activities of 2010 or 2011 as it relates to task</p> <p>24 force activities to increase awareness.</p> <p>25 Q. And you're not aware of any</p> |
| <p style="text-align: right;">Page 179</p> <p>1 A. I don't recall.</p> <p>2 Q. Do you recall there ever being a time</p> <p>3 when others in Cuyahoga County -- from outside</p> <p>4 of CCBH ever undertook to try and understand why</p> <p>5 Cuyahoga County was one of the top counties in</p> <p>6 the state for reported prescription drug</p> <p>7 overdoses?</p> <p>8 MR. SMITH: Objection; form.</p> <p>9 A. Ohio Department of Health produced</p> <p>10 that data.</p> <p>11 Q. I'm asking about Cuyahoga County.</p> <p>12 As you sit here today, do you recall</p> <p>13 there ever being a time when officials from</p> <p>14 Cuyahoga County or employees for Cuyahoga County</p> <p>15 ever undertook to try and understand the reasons</p> <p>16 why Cuyahoga County was one of the top counties</p> <p>17 in the state for reported prescription drug</p> <p>18 overdoses as of 2010?</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 A. I do not recall as of 2010.</p> <p>21 Q. Do you recall any time when Cuyahoga</p> <p>22 County employees, officials, or other</p> <p>23 individuals on behalf of the County undertook to</p> <p>24 try and understand why Cuyahoga County was one</p> <p>25 of the leading counties in the state for</p> | <p style="text-align: right;">Page 181</p> <p>1 activities that the County itself conducted in</p> <p>2 2010 or 2011 or 2012 to try and understand why</p> <p>3 the county was one of the top counties in the</p> <p>4 state for prescription drug overdoses? Is that</p> <p>5 right?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I don't recall.</p> <p>8 Q. But you're not disputing the fact</p> <p>9 that in 2010, as you wrote in your annual</p> <p>10 report, that Cuyahoga County was one of the top</p> <p>11 counties in the state for reported prescription</p> <p>12 drug overdoses.</p> <p>13 MR. SMITH: Objection; form.</p> <p>14 A. That information came from Ohio</p> <p>15 Department of Health.</p> <p>16 Q. And that's obviously information that</p> <p>17 you had in 2010 because you put it in your</p> <p>18 report. Fair?</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 A. Correct.</p> <p>21 Q. What did the Cuyahoga County Board of</p> <p>22 Health do in 2010 to follow up on the</p> <p>23 information it had received from the Ohio</p> <p>24 Department of Health that Cuyahoga County was</p> <p>25 one of the top counties in the state for</p> |

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1 reported prescription drug overdoses?

2 MR. SMITH: Objection; form.

3 A. I don't recall.

4 Q. Do you recall if the County did

5 anything to follow up on that information?

6 MR. SMITH: Objection; form.

7 A. I don't recall.

8 MR. BOEHM: Okay. Now's a fine time

9 for a break. Thank you.

10 VIDEO TECHNICIAN: Off the record

11 1:02.

12 (Lunch recess taken at 1:02 p.m.)

13 (Back on the record at 1:43 p.m.)

14 VIDEO TECHNICIAN: We are back on the

15 record 1:43. Media Number 3, Caraffi

16 deposition.

17 BY MR. BOEHM:

18 Q. Mr. Caraffi, you indicated earlier

19 today that the Cuyahoga County Board of Health

20 had received grant funding from the Ohio

21 Department of Health for 2019, but not for any

22 years beyond 2019. Is that correct?

23 A. Yes. Sorry about that. Go ahead.

24 Q. Do you want to go off the record?

25 A. No, no, we're good.

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1 Q. Do you know why the Ohio Department

2 of Health extended the injury prevention grant

3 to CCBH for only one additional year?

4 A. Yes.

5 Q. Why?

6 A. We applied for a grant, a competitive

7 grant, and we did not get awarded out of the

8 seven other counties that applied. The money

9 that they put forth was to continue some of the

10 task force activities or new ideas that are

11 generated through the State, through the pick

12 list, as I mentioned earlier, focusing on

13 specific trends related to the opioid epidemic.

14 Q. Why was Cuyahoga County Board of

15 Health not selected for grant funding beyond

16 2019?

17 MR. SMITH: Objection; form.

18 A. Our grant did not score high enough

19 to be awarded. It was a competitive cycle.

20 Q. Do you have any understanding as to

21 why the grant application from the CCBH did not

22 score high enough?

23 A. I did not -- or I do not, I'm sorry.

24 I do not know.

25 Q. Were you involved in the application

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1 process?

2 A. I was involved in writing some of the

3 application, yes.

4 Q. Have you ever had a conversation or

5 has anybody from CCBH had a conversation with

6 anybody at the Ohio Department of Health about

7 why the CCBH grant application did not score

8 high enough?

9 MR. SMITH: Objection; form.

10 A. Yes.

11 Q. Did you have that conversation or did

12 somebody else?

13 A. I did with April Vince, and they

14 didn't feel that our grant met the scoring

15 criteria to be awarded at that point in time.

16 Q. Who did you speak with at the Ohio

17 Department of Health about that?

18 A. Sara Morman.

19 Q. What did Ms. Morman say to you about

20 why?

21 MR. SMITH: Objection; form.

22 A. She said we did not meet the scoring

23 criteria; that three other grant applications

24 were far and above the other seven that applied.

25 Q. Did she say what the differences were

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1 between the Cuyahoga County Board of Health

2 grant and the ones that were successful?

3 A. She gave us some guidance on the pick

4 list, the choices, to help us for a next round

5 of funding when it becomes available.

6 Q. What did she say?

7 A. Focus on linkages to care for people

8 coming out of recovery or correctional

9 facilities through reentry programs, focus on

10 outreach and awareness through syringe exchange

11 programs were two of the suggested areas where

12 we needed improvement.

13 Q. Is there anything else that you

14 recall from that conversation?

15 A. No, not that I recall.

16 Q. Just flipping back to this 2010

17 annual report and the reference on Page 9 to

18 Cuyahoga County being among the top counties in

19 Ohio for reported prescription drug overdoses,

20 you indicated that that information is data you

21 received from the Ohio Department of Health,

22 correct?

23 MR. SMITH: Objection; form.

24 A. I indicated that that information

25 came from the Ohio Department of Health.

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| <p style="text-align: right;">Page 186</p> <p>1 Q. Do you know by what means the Ohio</p> <p>2 Department of Health communicated to Cuyahoga</p> <p>3 County that Cuyahoga County was one of the top</p> <p>4 counties in Ohio for reported prescription drug</p> <p>5 overdoses?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I don't recall.</p> <p>8 Q. Do you know if Ohio Department of</p> <p>9 Health data about the number of prescription</p> <p>10 drug overdoses on a county-by-county basis is</p> <p>11 publicly available?</p> <p>12 A. It is listed on their website.</p> <p>13 Q. Was that true in 2010?</p> <p>14 A. I do not recall.</p> <p>15 Q. Do you know how Cuyahoga County Board</p> <p>16 of Health learned that Cuyahoga County was one</p> <p>17 of the top five counties in Ohio for reported</p> <p>18 prescription drug overdoses?</p> <p>19 A. I do not recall.</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 Q. Was there something that you learned</p> <p>22 about the potential causes of opioid abuse and</p> <p>23 overdose trends in 2015 that you did not already</p> <p>24 know?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 188</p> <p>1 A. I do not recall.</p> <p>2 Q. In 2012, do you recall anything that</p> <p>3 you learned about the potential causes of opioid</p> <p>4 abuse and overdoses in Cuyahoga County that you</p> <p>5 did not already know?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I do not recall.</p> <p>8 Q. In 2011, is there anything that you</p> <p>9 learned about the potential causes of opioid</p> <p>10 abuse and overdoses in Cuyahoga County that you</p> <p>11 did not already know?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. I do not recall.</p> <p>14 Q. In 2010, is there anything that you</p> <p>15 learned about the potential causes of opioid</p> <p>16 abuse and overdoses in Cuyahoga County that you</p> <p>17 did not already know?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I do not recall.</p> <p>20 Q. Going back to 2015, did you learn</p> <p>21 anything in 2015 about the potential causes of</p> <p>22 what is referred to as the opiate epidemic in</p> <p>23 Cuyahoga County that you did not previously</p> <p>24 know?</p> <p>25 MR. SMITH: Objection; form.</p> |
| <p style="text-align: right;">Page 187</p> <p>1 A. In 2015, based upon information from</p> <p>2 Dr. Gilson, we'd seen an increase in fentanyl.</p> <p>3 Q. When you say an increase in fentanyl,</p> <p>4 do you mean to say that in 2015, Dr. Gilson</p> <p>5 informed you that Cuyahoga County was</p> <p>6 experiencing an increase in fentanyl-related</p> <p>7 overdose deaths?</p> <p>8 A. Yes.</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 Q. Is there anything else that you</p> <p>11 learned about the potential causes of opioid</p> <p>12 abuse and overdoses in 2015 that you didn't</p> <p>13 already know?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 A. I do not recall.</p> <p>16 Q. Was there anything you learned about</p> <p>17 the potential causes of opioid abuse and</p> <p>18 overdoses in 2014 that you did not already know?</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 A. I do not recall.</p> <p>21 Q. In 2013, was there anything you</p> <p>22 learned about the potential causes of opioid</p> <p>23 abuse and overdose trends in Cuyahoga County</p> <p>24 that you did not already know?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 189</p> <p>1 A. I do not recall.</p> <p>2 Q. How about 2014?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I do not recall.</p> <p>5 Q. 2013?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I do not recall.</p> <p>8 Q. 2012?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. I do not recall.</p> <p>11 Q. 2011?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. I do not recall.</p> <p>14 Q. How about in 2010?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. I do not recall.</p> <p>17 Q. You indicated earlier that you were</p> <p>18 aware of Governor Strickland having formed a</p> <p>19 prescription drug abuse task force in 2010. Do</p> <p>20 you remember that?</p> <p>21 A. Yes.</p> <p>22 Q. And you indicated that that task</p> <p>23 force prepared a report?</p> <p>24 A. Yes.</p> <p>25 Q. Is it fair to say that you read the</p> |

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| <p style="text-align: right;">Page 190</p> <p>1 report issued by the Ohio Prescription Drug</p> <p>2 Abuse Task Force that was formed by Governor</p> <p>3 Strickland in 2010 when that report was</p> <p>4 finalized?</p> <p>5 A. To my recollection, yes.</p> <p>6 Q. Do you recall that the final report</p> <p>7 from the task force for Ohio prescription drug</p> <p>8 abuse formed by Governor Strickland included a</p> <p>9 section about how prescription opioid abuse and</p> <p>10 overdose became an epidemic?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I do not recall.</p> <p>13 Q. You don't recall sitting here whether</p> <p>14 or not the report issued in 2010 by the</p> <p>15 prescription drug abuse task force for Ohio</p> <p>16 included a section about how an epidemic came to</p> <p>17 pass?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Are you talking about contributing</p> <p>20 factors?</p> <p>21 Q. Yes.</p> <p>22 A. I am aware of contributing factors.</p> <p>23 Q. Okay. And do you recall that the</p> <p>24 2010 task force on prescription drug abuse that</p> <p>25 was formed by Governor Strickland included a</p> | <p style="text-align: right;">Page 192</p> <p>1 Q. And I in particular want to ask you</p> <p>2 questions about the section of the report</p> <p>3 entitled "How did this become an epidemic?"</p> <p>4 I'm handing you Exhibit 6.</p> <p>5 A. Thank you.</p> <p>6 Q. The section "How did this become an</p> <p>7 epidemic?" begins on Page 21.</p> <p>8 A. I have to read this report before you</p> <p>9 ask questions.</p> <p>10 Q. Well, no, this is a long report.</p> <p>11 Most of it doesn't concern the questions I have</p> <p>12 to ask for you.</p> <p>13 So my question right now is going to</p> <p>14 be directed at the section "How did this become</p> <p>15 an epidemic?" on Page 21.</p> <p>16 A. I'm going to go through the report.</p> <p>17 MR. BOEHM: Okay. We're going to go</p> <p>18 off the record.</p> <p>19 MR. SMITH: We'll stay on the record.</p> <p>20 Q. If you're going to insist on reading</p> <p>21 the report from front to back -- it's a long</p> <p>22 report -- when I have questions about only one</p> <p>23 section of the report and my questions won't be</p> <p>24 directed to sections that are not from that</p> <p>25 particular section, then we're going to get on</p> |
| <p style="text-align: right;">Page 191</p> <p>1 section in its final report on contributing</p> <p>2 factors to the epidemic?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I don't recall.</p> <p>5 Q. But you said you are aware of</p> <p>6 contributing factors.</p> <p>7 Did you learn about the contributing</p> <p>8 factors to the opioid abuse epidemic in Cuyahoga</p> <p>9 County from your review of the Ohio Prescription</p> <p>10 Drug Abuse Task Force report in 2010?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. Yes, we used some of the information</p> <p>13 provided in that report --</p> <p>14 Q. I'm going to --</p> <p>15 A. -- the Ohio Department of Health and</p> <p>16 the results of that task force that offered</p> <p>17 counties in Ohio or a task force in Ohio risk</p> <p>18 factors.</p> <p>19 Q. Thank you. I'm going to mark that</p> <p>20 2010 Ohio Prescription Drug Abuse Task Force</p> <p>21 report as Exhibit 6 for purposes of your</p> <p>22 deposition here today.</p> <p>23 (DEPOSITION EXHIBIT 6 MARKED</p> <p>24 FOR IDENTIFICATION at 1:54 p.m.)</p> <p>25 A. Okay.</p> | <p style="text-align: right;">Page 193</p> <p>1 the phone right now with Special Master Cohen.</p> <p>2 MR. BOEHM: This is a 90-page report.</p> <p>3 It's not appropriate to insist that the</p> <p>4 witness read every page of it when my</p> <p>5 questions will not be related to sections</p> <p>6 other than the one I've identified.</p> <p>7 MR. SMITH: Well, we can get on</p> <p>8 the --</p> <p>9 MR. BOEHM: Okay. We're going to go</p> <p>10 off the record.</p> <p>11 MR. SMITH: -- phone with the special</p> <p>12 master.</p> <p>13 MR. BOEHM: Let's get on the phone.</p> <p>14 VIDEO TECHNICIAN: Off the record</p> <p>15 1:56.</p> <p>16 (Recess taken at 1:56 p.m.)</p> <p>17 (Back on the record at 2:20 p.m.)</p> <p>18 VIDEO TECHNICIAN: On the record</p> <p>19 2:20.</p> <p>20 MR. BOEHM: Okay. We're back from a</p> <p>21 break during which we spoke with Special</p> <p>22 Master Cohen on the subject of whether or</p> <p>23 not the witness needed to read all of this</p> <p>24 document that's been marked as Exhibit 6 in</p> <p>25 order to answer questions.</p> |

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| <p style="text-align: right;">Page 194</p> <p>1 The special master ruled that the</p> <p>2 witness could take as long as he wanted to</p> <p>3 review the document off the record such</p> <p>4 that he was comfortable in responding to</p> <p>5 questions.</p> <p>6 My understanding is that the witness</p> <p>7 has declined to do that and that we're</p> <p>8 going to proceed with the questions that I</p> <p>9 have to ask.</p> <p>10 MR. SMITH: That's not what happened,</p> <p>11 but I will respond. Special master said if</p> <p>12 you're going to read the entire document,</p> <p>13 he'll do it off the record and off the</p> <p>14 clock.</p> <p>15 However, according to Mr. Boehm, it's</p> <p>16 only going to be three pages and it's only</p> <p>17 about three pages, so Mr. Caraffi will read</p> <p>18 those three pages. And you will point out</p> <p>19 the three pages, and he'll take the time to</p> <p>20 read those three pages and then you can ask</p> <p>21 him questions about those three pages. And</p> <p>22 then we'll go on a case-by-case or</p> <p>23 question-by-question basis, and if he has</p> <p>24 to go back through the rest of the</p> <p>25 document, then he can do that and he can do</p> | <p style="text-align: right;">Page 196</p> <p>1 MR. BOEHM: That was not the special</p> <p>2 master's ruling.</p> <p>3 MR. SMITH: Sure, it was.</p> <p>4 MR. BOEHM: No. Let's go off the</p> <p>5 record.</p> <p>6 MR. SMITH: No, we're going to stay</p> <p>7 on the record.</p> <p>8 MR. BOEHM: Okay. Let's go off the</p> <p>9 record to call Special Master Cohen.</p> <p>10 MR. SMITH: Call him again. It's</p> <p>11 just three pages you said.</p> <p>12 VIDEO TECHNICIAN: Off the record</p> <p>13 2:22.</p> <p>14 (Off the record at 2:22 p.m.)</p> <p>15 (Back on the record at 2:24 p.m.)</p> <p>16 VIDEO TECHNICIAN: On the record</p> <p>17 2:24.</p> <p>18 BY MR. BOEHM:</p> <p>19 Q. Mr. Caraffi, you've had an</p> <p>20 opportunity now to read the section entitled</p> <p>21 "How did this become an epidemic?" correct?</p> <p>22 A. Correct.</p> <p>23 Q. And that section goes from Page 21 to</p> <p>24 Page 24. Do you see that?</p> <p>25 A. I do.</p> |
| <p style="text-align: right;">Page 195</p> <p>1 that off the record.</p> <p>2 MR. BOEHM: Okay.</p> <p>3 Q. The special master has made it clear</p> <p>4 that if there are portions of the document you</p> <p>5 feel you need to review, you can, but it's going</p> <p>6 to be off the record. So you just let me know</p> <p>7 if we need to go back off the record in order to</p> <p>8 do that.</p> <p>9 A. Okay.</p> <p>10 Q. As I indicated earlier, the report</p> <p>11 from October 2010 from the Ohio Prescription</p> <p>12 Drug Abuse Task Force that you said you had</p> <p>13 reviewed at the time it was published, contains</p> <p>14 a section entitled "How did this become an</p> <p>15 epidemic?" and that's on Page 21.</p> <p>16 Do you see that section?</p> <p>17 A. I do. I'm reading it.</p> <p>18 Q. Did you want to read that section</p> <p>19 before I ask you any questions?</p> <p>20 A. Please.</p> <p>21 MR. BOEHM: Let's go off the record.</p> <p>22 MR. SMITH: No, he can stay on the</p> <p>23 record reading these three pages. It was</p> <p>24 the whole document you want him to go off</p> <p>25 the record on.</p> | <p style="text-align: right;">Page 197</p> <p>1 Q. Do you see at the bottom of Page 21</p> <p>2 there's a graphic or a figure that identifies</p> <p>3 contributing factors to prescription drug abuse</p> <p>4 and overdoses?</p> <p>5 A. I do.</p> <p>6 Q. And in the middle, there's this kind</p> <p>7 of circle that says the word "Epidemic" with</p> <p>8 squares that contain contributing factors with</p> <p>9 arrows pointing toward the "Epidemic." Do you</p> <p>10 see that?</p> <p>11 A. I do.</p> <p>12 Q. Have you seen this graphic before?</p> <p>13 A. Yes, I have.</p> <p>14 Q. You've used this or a very similar</p> <p>15 graphic in your own presentations that describe</p> <p>16 the contributing factors to opioid abuse and</p> <p>17 overdoses in Cuyahoga County, correct?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I have.</p> <p>20 Q. Do you see that this graphic</p> <p>21 identifies six contributing factors to the</p> <p>22 epidemic?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. Yes, I do.</p> <p>25 Q. Okay. I want to ask you some</p> |

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| <p style="text-align: right;">Page 198</p> <p>1 questions about those.</p> <p>2 If you turn to the next page, which</p> <p>3 is Page 22 of this report, the first</p> <p>4 contributing factor that this task force</p> <p>5 identified was changes in clinical pain</p> <p>6 management. Do you see that?</p> <p>7 A. I do see that.</p> <p>8 Q. And do you see that in that first</p> <p>9 paragraph under "Changes in Clinical Pain</p> <p>10 Management" reference is made to an Ohio law</p> <p>11 regarding the treatment of intractable pain. Do</p> <p>12 you see that?</p> <p>13 A. I do.</p> <p>14 Q. What is your understanding about what</p> <p>15 the Ohio Intractable Pain Act did to change</p> <p>16 clinical pain management in Ohio?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. I don't know.</p> <p>19 Q. Have you ever heard of the</p> <p>20 Intractable Pain Act?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. I have.</p> <p>23 Q. What is your understanding of that</p> <p>24 act of legislation?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 200</p> <p>1 Q. Well, wherever you got the</p> <p>2 information, Mr. Caraffi, I'm asking what you</p> <p>3 know.</p> <p>4 MR. SMITH: Is that a question or are</p> <p>5 you just --</p> <p>6 Q. What is your understanding about how</p> <p>7 the Ohio Intractable Pain Act was a contributing</p> <p>8 factor to the opioid abuse epidemic in Cuyahoga</p> <p>9 County?</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. I do not know.</p> <p>12 Q. You yourself identified it as a</p> <p>13 contributing factor in your own presentations,</p> <p>14 right?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. From information provided by the Ohio</p> <p>17 Department of Health.</p> <p>18 Q. When you present it to audiences on</p> <p>19 the subject of opioid abuse, addiction, and</p> <p>20 overdose in Cuyahoga County and you include it</p> <p>21 in your presentations reference to the Ohio</p> <p>22 Intractable Pain Act, what did you say about it?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. Based upon information from the Ohio</p> <p>25 Department of Health, changes in guidelines as</p> |
| <p style="text-align: right;">Page 199</p> <p>1 A. I do not know.</p> <p>2 Q. You don't know anything about it?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I do not know.</p> <p>5 Q. Well, my question is whether you know</p> <p>6 anything about it.</p> <p>7 MR. SMITH: Objection; form.</p> <p>8 A. I do not know.</p> <p>9 Q. Have you in your own presentations</p> <p>10 about the opioid abuse epidemic in Cuyahoga</p> <p>11 County yourself discussed the Ohio Intractable</p> <p>12 Pain Act as a contributing factor to the</p> <p>13 epidemic?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 A. Yes.</p> <p>16 Q. Okay.</p> <p>17 A. It's mentioned as one of the</p> <p>18 contributing factors.</p> <p>19 Q. So you yourself identified it as a</p> <p>20 contributing factor to the epidemic in Cuyahoga</p> <p>21 County, but your testimony here today is that</p> <p>22 you don't know anything about it?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. Information provided by the Ohio</p> <p>25 Department of Health.</p> | <p style="text-align: right;">Page 201</p> <p>1 it relates to prescribing practices.</p> <p>2 Q. But what did you say to audiences</p> <p>3 about that when you presented on the subject?</p> <p>4 A. What I just stated to you.</p> <p>5 Q. That's all you said?</p> <p>6 A. Yes.</p> <p>7 Q. You said to audiences "Based upon</p> <p>8 information from the Ohio Department of Health,</p> <p>9 changes in guidelines as it relates to</p> <p>10 prescribing practices."</p> <p>11 A. Correct.</p> <p>12 Q. Did you provide any more detail or</p> <p>13 information?</p> <p>14 MR. SMITH: Objection; form.</p> <p>15 A. I cannot recall.</p> <p>16 Q. Did your audiences look back at you</p> <p>17 with bewilderment when you said that?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I can't recall.</p> <p>20 Q. Is your testimony here today,</p> <p>21 Mr. Caraffi, under oath that you don't know</p> <p>22 anything about the Ohio --</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 Q. -- Intractable Pain Act?</p> <p>25 MR. SMITH: Objection; form. Now</p> |

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| <p style="text-align: right;">Page 202</p> <p>1 you're harassing him. If we have to call</p> <p>2 the master again, we will.</p> <p>3 MR. BOEHM: If that's what you want</p> <p>4 to do, that's --</p> <p>5 MR. SMITH: If you keep harassing</p> <p>6 him, we will call the special master.</p> <p>7 MR. BOEHM: We can have him read</p> <p>8 this, and I don't think he'll agree with</p> <p>9 you.</p> <p>10 Q. Go ahead, Mr. Caraffi.</p> <p>11 A. What was your question again?</p> <p>12 Q. Sure. Is your testimony here today,</p> <p>13 Mr. Caraffi, under oath that you don't know</p> <p>14 anything about the Ohio Intractable Pain Act?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. Information provided by the Ohio</p> <p>17 Department of Health mentioned this as a</p> <p>18 contributing factor.</p> <p>19 Q. And what did you understand the Ohio</p> <p>20 Intractable Pain Act to have done to contribute</p> <p>21 to opioid abuse, addiction, and overdose in</p> <p>22 Cuyahoga County?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. A change in prescribing guidelines.</p> <p>25 Q. How did the Ohio Intractable Pain Act</p> | <p style="text-align: right;">Page 204</p> <p>1 Q. Mr. Caraffi, how many times would you</p> <p>2 estimate you have made presentations to the</p> <p>3 community or to other audiences about the</p> <p>4 nature, scope, and contributing factors of the</p> <p>5 opioid abuse epidemic in Cuyahoga County over</p> <p>6 the course of time that you've been involved on</p> <p>7 that subject?</p> <p>8 MR. SMITH: Objection; form.</p> <p>9 A. I don't know.</p> <p>10 Q. Would you say dozens?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I do not know.</p> <p>13 Q. Is it possible you've presented more</p> <p>14 than a hundred times to various audiences on the</p> <p>15 subject of opioid abuse, opioid addiction,</p> <p>16 opioid overdoses in Cuyahoga County?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. I don't recall how many times.</p> <p>19 Q. Is it possible that you've actually</p> <p>20 presented more than 100 times on that subject?</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 A. I don't recall the number of times</p> <p>23 that I have presented information.</p> <p>24 Q. What is your understanding about how</p> <p>25 changes in clinical pain management have</p> |
| <p style="text-align: right;">Page 203</p> <p>1 alter prescribing guidelines for the use of</p> <p>2 prescription opioid medications?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. I do not know.</p> <p>5 Q. What is your understanding as to when</p> <p>6 clinical pain management guidelines changed in</p> <p>7 Ohio?</p> <p>8 A. I don't recall.</p> <p>9 Q. Is that something you have ever</p> <p>10 known, as best you can recall?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I don't recall.</p> <p>13 Q. This document says:</p> <p>14 "Growing recognition by professionals</p> <p>15 of the undertreatment of pain in the late</p> <p>16 1990s prompted needed changes in clinical</p> <p>17 management guidelines at the national</p> <p>18 level."</p> <p>19 What do you understand that to</p> <p>20 mean --</p> <p>21 MR. SMITH: Objection; form.</p> <p>22 Q. -- as head of the Cuyahoga County</p> <p>23 Opiate Task Force since 2010?</p> <p>24 MR. SMITH: Objection; form.</p> <p>25 A. I don't recall what it means.</p> | <p style="text-align: right;">Page 205</p> <p>1 contributed to opioid abuse and overdoses in</p> <p>2 Cuyahoga County?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. Based upon information from ODH, it's</p> <p>5 a change in prescribing guidelines.</p> <p>6 Q. I get it, but how? How did that</p> <p>7 impact --</p> <p>8 MR. SMITH: Objection --</p> <p>9 Q. -- opioid abuse?</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. I do not know.</p> <p>12 Q. Okay. So your testimony, just to</p> <p>13 make sure this is crystal clear, is that as you</p> <p>14 sit here today, you don't have any understanding</p> <p>15 as to how changes in clinical pain management</p> <p>16 guidelines has or has not impacted the scope of</p> <p>17 prescription opioid abuse or overdoses in the</p> <p>18 county?</p> <p>19 MR. SMITH: Objection; form.</p> <p>20 A. Based upon information from Ohio</p> <p>21 Department of Health, there was a change in</p> <p>22 guidelines as it pertains to prescribing.</p> <p>23 Q. Just to be clear, Mr. Caraffi,</p> <p>24 because I don't want this to be a barrier, I'm</p> <p>25 not asking you right now about how you got the</p> |

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| <p style="text-align: right;">Page 206</p> <p>1 information or how you got your understanding. 2 I may have questions about that, but 3 right now my question is, however you got that 4 understanding, however you learned, however you 5 investigated, however you gained the content to 6 be a lecturer on the subject of opioid abuse in 7 Cuyahoga County, I want to know your 8 understanding. 9 Okay. So right now my question is, 10 based on all that you've learned, all the 11 experts you've talked to, everything you've 12 learned whether it be from the Ohio Department 13 of Health, from Dr. Gilson, from other experts 14 in this area, from talking with colleagues at 15 the many conferences you've attended on the 16 subject, from all the work you've done since 17 2010 as chair of the Cuyahoga County Opiate Task 18 Force, what is your understanding as to how 19 changes in clinical pain management guidelines 20 have contributed to opioid abuse and overdose in 21 Cuyahoga County? 22 MR. SMITH: Objection; form. 23 A. As I stated, information from the 24 Ohio Department of Health increased prescription 25 guidelines. That was the Intractable Pain</p> | <p style="text-align: right;">Page 208</p> <p>1 Q. Did I read that correctly? 2 A. Correct. 3 Q. What is your understanding about what 4 that means? 5 MR. SMITH: Objection; form. 6 A. I don't know. 7 Q. You don't have any understanding 8 about what that means? 9 MR. SMITH: Objection; form. 10 A. I do not know. 11 Q. What is the Ohio Medical Board? 12 A. I have no idea. 13 Q. Never heard of the Ohio Medical 14 Board? 15 A. No, I have not. 16 MR. SMITH: Objection; form. 17 Q. Do you know whether the Ohio Medical 18 Board adopted revised guidelines for the 19 prescribing of prescription opioid medications 20 by licensed physicians? 21 MR. SMITH: Objection; form. 22 A. I do not know. 23 Q. Do you know the role of the Ohio 24 Medical Board in connection with Ohio's 25 Intractable Pain Act that's referenced here on</p> |
| <p style="text-align: right;">Page 207</p> <p>1 Relief Act, is what you're asking, correct? 2 Q. You said it increased prescription 3 guidelines. What did you mean by increased 4 prescription guidelines? 5 A. Changes in clinical pain management 6 guidelines, as it says in this document. That's 7 what I'm referring to. 8 Q. What did those changes do? 9 MR. SMITH: Objection; form. 10 A. I do not know. 11 Q. What changes took place? 12 MR. SMITH: Objection; form. 13 A. I do not know. 14 Q. Do you see in the second paragraph 15 under the "Changes in Clinical Pain Management 16 Guidelines" section, it says: 17 "Ohio's Intractable Pain Act provided 18 that physicians treating intractable pain 19 are not subject to disciplinary action when 20 practicing in accordance with accepted and 21 prevailing standards of care and rules 22 adopted by the medical board delineating 23 those standards." 24 Do you see that? 25 A. I do.</p> | <p style="text-align: right;">Page 209</p> <p>1 Page 22 of the Ohio Prescription Drug Abuse Task 2 Force final report? 3 MR. SMITH: Objection; form. 4 A. I do not know. 5 Q. Has anybody ever explained this to 6 you, or have you had any conversations with 7 individuals as part of your role as chair of the 8 Cuyahoga County Opiate Task Force about what 9 this means? 10 MR. SMITH: Objection; form. 11 A. I don't recall a conversation. 12 Q. As you sit here today, you don't 13 recall a single conversation with anybody about 14 that? 15 A. I do not. 16 Q. As you sit here today -- let me start 17 over. 18 As you sit here today, do you recall 19 having given presentations and lectures on the 20 subject of changes in clinical pain management 21 guidelines and the impact that those changes had 22 on opioid abuse and overdoses in Cuyahoga 23 County? 24 MR. SMITH: Objection; form. 25 A. As it relates to information from the</p> |

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| <p style="text-align: right;">Page 210</p> <p>1 Ohio Department of Health, as I mentioned</p> <p>2 earlier, it's in the first paragraph.</p> <p>3 Q. And what have you lectured about and</p> <p>4 presented on on that subject?</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 A. A change in prescribing guidelines.</p> <p>7 Q. Okay. But what did you say about it</p> <p>8 when you lectured on it?</p> <p>9 MR. SMITH: Objection; form.</p> <p>10 A. A change in prescribing guidelines.</p> <p>11 Q. What did you say about the change in</p> <p>12 prescribing guidelines that impacted the opioid</p> <p>13 abuse when you have lectured --</p> <p>14 A. Uh-huh.</p> <p>15 Q. -- and presented at symposia, at</p> <p>16 community events, and in other settings on the</p> <p>17 opioid abuse epidemic in Cuyahoga County?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Management guideline changes,</p> <p>20 information from Ohio Department of Health, as</p> <p>21 I've stated several time already.</p> <p>22 Q. I don't even think that was a</p> <p>23 complete sentence. I don't under- -- can you</p> <p>24 please explain what you mean?</p> <p>25 A. Changes in clinical pain management</p> | <p style="text-align: right;">Page 212</p> <p>1 presentation on trends in opioid abuse or</p> <p>2 overdoses?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. Last spring.</p> <p>5 Q. 2018?</p> <p>6 A. Uh-huh.</p> <p>7 Q. Okay. Would you remind me when it</p> <p>8 was that you no longer were the Cuyahoga County</p> <p>9 Opiate Task Force chair?</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. August of 2018.</p> <p>12 Q. About four or five months ago?</p> <p>13 A. Uh-huh.</p> <p>14 Q. I saw you nod your head yes, but for</p> <p>15 the court reporter, you have to say --</p> <p>16 A. I'm sorry. Yes, August of 2018.</p> <p>17 Q. What were the circumstances of you no</p> <p>18 longer being the chair of the opiate task force</p> <p>19 for Cuyahoga County?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. I have personal health matters that I</p> <p>22 have not been able to overcome for the past two</p> <p>23 years, and it's personal information, and some</p> <p>24 substance abuse issues that have hit close to</p> <p>25 home.</p> |
| <p style="text-align: right;">Page 211</p> <p>1 guidelines at the national level was the</p> <p>2 information that was provided by the Ohio</p> <p>3 Department of Health as a risk factor.</p> <p>4 Q. My question to you, Mr. Caraffi, is,</p> <p>5 when you would present at symposia and when you</p> <p>6 would lecture on the subject of opioid abuse in</p> <p>7 Cuyahoga County --</p> <p>8 A. Uh-huh.</p> <p>9 Q. -- you talked about change in</p> <p>10 clinical pain management, and I want to know</p> <p>11 what you would say when you were presenting</p> <p>12 those lectures and slide presentations and</p> <p>13 otherwise explaining to the community what the</p> <p>14 contributing factors were of the opioid abuse</p> <p>15 epidemic in the county.</p> <p>16 MR. SMITH: Objection; form.</p> <p>17 A. Changes in clinical pain management</p> <p>18 guidelines were a risk factor as information</p> <p>19 provided by the Ohio Department of Health.</p> <p>20 Q. Did you say anything else, or was</p> <p>21 that the sum and substance of all you said on</p> <p>22 that subject?</p> <p>23 MR. SMITH: Objection; form.</p> <p>24 A. I don't recall.</p> <p>25 Q. When's the last time you made a</p> | <p style="text-align: right;">Page 213</p> <p>1 Q. Are those your own substance use</p> <p>2 issues or substance use issues of other</p> <p>3 individuals you know?</p> <p>4 MR. SMITH: Objection; form.</p> <p>5 A. It's personal information.</p> <p>6 Q. All right. So on the subject of</p> <p>7 whether or not you yourself have dealt with</p> <p>8 substance use disorders, is that information</p> <p>9 you're not willing to share today?</p> <p>10 MR. SMITH: Are you asking if he's</p> <p>11 abused substances?</p> <p>12 MR. BOEHM: I'm trying to</p> <p>13 understand --</p> <p>14 MR. SMITH: Is that what you're</p> <p>15 asking?</p> <p>16 MR. BOEHM: I'm trying to understand</p> <p>17 his testimony in connection --</p> <p>18 Q. Mr. Caraf- -- let me just ask it this</p> <p>19 way: Mr. Caraffi, I heard you to say that the</p> <p>20 reason why you are no longer chair of the</p> <p>21 Cuyahoga County Opiate Task Force has to do with</p> <p>22 some personal health issues and substance use</p> <p>23 issues. Is that right?</p> <p>24 MR. SMITH: Objection. That's not</p> <p>25 what he said at all, so...</p> |

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| <p style="text-align: right;">Page 214</p> <p>1 Q. Okay. Go ahead and answer.</p> <p>2 A. Some personal health issues and some</p> <p>3 substance abuse issues that have hit close to</p> <p>4 home.</p> <p>5 Q. And my question to you is whether or</p> <p>6 not the substance abuse issues that you say have</p> <p>7 hit close to home are your own substance use</p> <p>8 issues or those are substance use issues of</p> <p>9 other individuals.</p> <p>10 MR. SMITH: Objection; form. He's</p> <p>11 not going to talk about himself, and he's</p> <p>12 already went over this with you --</p> <p>13 MR. BOEHM: He didn't --</p> <p>14 MR. SMITH: -- family and friends.</p> <p>15 Q. Is that a question you will not</p> <p>16 answer?</p> <p>17 A. I'm not answering that question.</p> <p>18 Can we take a break?</p> <p>19 Q. Sure.</p> <p>20 MR. BOEHM: Off the record.</p> <p>21 VIDEO TECHNICIAN: Off the record</p> <p>22 2:43.</p> <p>23 (Recess taken at 2:43 p.m.)</p> <p>24 (Back on the record at 3:03 p.m.)</p> <p>25 VIDEO TECHNICIAN: On the record</p> | <p style="text-align: right;">Page 216</p> <p>1 and will note for the record that</p> <p>2 Mr. Caraffi indeed had been identified</p> <p>3 early on by Cuyahoga County as a person</p> <p>4 most knowledgeable, a 30(b)(6) witness, on</p> <p>5 some of the subjects that we've been</p> <p>6 attempting to learn about at the deposition</p> <p>7 here today.</p> <p>8 MR. SMITH: Oh, gosh. In response,</p> <p>9 we disagree with your assertion. This</p> <p>10 witness has come here and answered</p> <p>11 questions, some questions six, seven times.</p> <p>12 You don't like the answers, you don't think</p> <p>13 he's answering correctly.</p> <p>14 Your questions are usually improper,</p> <p>15 but he's done his best to answer these</p> <p>16 truthfully under oath, and if there's a</p> <p>17 problem with his answers, it may have a lot</p> <p>18 to do with the questions that are posed.</p> <p>19 MR. BOEHM: Just given that you've</p> <p>20 mentioned the questions, we'll just note I</p> <p>21 think the record speaks for itself in terms</p> <p>22 of the whether the questions are</p> <p>23 objectionable.</p> <p>24 I will note that virtually every</p> <p>25 question has drawn an objection, some of</p> |
| <p style="text-align: right;">Page 215</p> <p>1 3:03.</p> <p>2 MR. BOEHM: Thank you. Just for the</p> <p>3 record, from defense counsel's perspective,</p> <p>4 it is apparent that the witness has not</p> <p>5 been forthcoming with information that he</p> <p>6 knows or should know given his longtime</p> <p>7 role as the Cuyahoga County Opiate Task</p> <p>8 Force chair and his other responsibilities</p> <p>9 and duties for the Cuyahoga County Board of</p> <p>10 Health.</p> <p>11 Responses to questions that fall</p> <p>12 squarely within his duties and</p> <p>13 responsibilities have been answered with a</p> <p>14 string of "I don't know," including with</p> <p>15 respect to issues that the witness earlier</p> <p>16 testified are responsibilities he takes</p> <p>17 seriously and has presented about many</p> <p>18 times.</p> <p>19 We hope we do not have to bring a</p> <p>20 motion to bring the witness back for</p> <p>21 additional testimony or otherwise request</p> <p>22 relief, but wanted to reserve our right to</p> <p>23 do that for the record given that we have a</p> <p>24 limited number of witnesses who we were</p> <p>25 allowed to call for deposition testimony,</p> | <p style="text-align: right;">Page 217</p> <p>1 which could not remotely by any</p> <p>2 interpretation be deemed to be</p> <p>3 objectionable, and we don't think that's</p> <p>4 appropriate and it must be designed for</p> <p>5 purposes other than just preserving the</p> <p>6 record.</p> <p>7 MR. SMITH: Well, it is for</p> <p>8 preserving the record, and a lot of your</p> <p>9 questions are objectionable based on form,</p> <p>10 and that's why the objection's are posed.</p> <p>11 MR. BOEHM: Okay.</p> <p>12 BY MR. BOEHM:</p> <p>13 Q. Mr. Caraffi, welcome back from our</p> <p>14 break. I'd been asking you questions about your</p> <p>15 understanding of contributing factors, and we</p> <p>16 had talked earlier about the fact that you have</p> <p>17 many times over the course of your career at</p> <p>18 CCBH and as the chair of the Cuyahoga County</p> <p>19 Opiate Task Force yourself presented and</p> <p>20 lectured about the causes of the opiate abuse</p> <p>21 epidemic in the county. Is that correct?</p> <p>22 A. That is correct.</p> <p>23 Q. And your presentations have involved</p> <p>24 discussion about the causes of the epidemic.</p> <p>25 Fair?</p> |

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| <p style="text-align: right;">Page 218</p> <p>1 A. Correct.</p> <p>2 Q. Can you describe for us the process</p> <p>3 by which you and others at the Cuyahoga County</p> <p>4 Board of Health prepare the materials you use</p> <p>5 for purposes of your lectures and presentations</p> <p>6 on opioid abuse in the county?</p> <p>7 A. It would be gathered by all</p> <p>8 collaborative partners, State information,</p> <p>9 possibly Federal agencies if we are able to</p> <p>10 obtain that data.</p> <p>11 Q. Do you have partners within Cuyahoga</p> <p>12 County, setting aside the Ohio Department of</p> <p>13 Health and Federal entities?</p> <p>14 A. Partners as far as part of the</p> <p>15 coalition members?</p> <p>16 Q. (Nods head in the affirmative.)</p> <p>17 A. Yes.</p> <p>18 Q. And the Cuyahoga County Opiate Task</p> <p>19 Force involves collaboration and partnership</p> <p>20 with Cuyahoga County departments, divisions, and</p> <p>21 programs. Fair?</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 A. Yes.</p> <p>24 Q. What Cuyahoga County departments,</p> <p>25 divisions, and programs have been involved in</p> | <p style="text-align: right;">Page 220</p> <p>1 Q. When you lecture or present on the</p> <p>2 contributing factors to Cuyahoga County's trends</p> <p>3 of opiate-related abuse and overdose, do you do</p> <p>4 your very best to be as accurate and thorough as</p> <p>5 possible?</p> <p>6 A. Yes.</p> <p>7 Q. Is that something you've always tried</p> <p>8 to do over the course of the time that you've</p> <p>9 presented and spoke on that subject?</p> <p>10 A. Yes.</p> <p>11 Q. Before you use a particular slide</p> <p>12 deck to lecture or present on opioid-related</p> <p>13 abuse or overdoses, do you review the slides</p> <p>14 that you're going to use?</p> <p>15 A. Yes.</p> <p>16 Q. Do you sometimes make changes to</p> <p>17 them?</p> <p>18 A. Yes.</p> <p>19 Q. Do you prepare the slide decks</p> <p>20 yourself, or do you have a team of people who do</p> <p>21 that for you?</p> <p>22 A. Would be dependent upon what</p> <p>23 information I'm looking for.</p> <p>24 Q. Okay. So in some cases you prepare</p> <p>25 the slide yourself, and in other cases your</p> |
| <p style="text-align: right;">Page 219</p> <p>1 the partnership of the Cuyahoga County Opiate</p> <p>2 Task Force?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. The medical examiner's office, office</p> <p>5 of emergency management, and the sheriff's</p> <p>6 office have helped.</p> <p>7 Q. Any other?</p> <p>8 A. Not that I recall.</p> <p>9 Q. Do you use, for purposes of your</p> <p>10 presentations and lectures on the opiate abuse</p> <p>11 epidemic in Cuyahoga County, information that</p> <p>12 you receive from your Cuyahoga County level</p> <p>13 partners on the task force?</p> <p>14 A. I don't understand the question.</p> <p>15 Q. Well, you indicated that the content</p> <p>16 of your presentations in part comes from</p> <p>17 information you receive from the Ohio Department</p> <p>18 of Health and from the Federal Government.</p> <p>19 So my question is simple: Does the</p> <p>20 content of your presentations and lectures about</p> <p>21 the Cuyahoga County opioid abuse epidemic</p> <p>22 include information that you have received from</p> <p>23 Cuyahoga County level departments, divisions,</p> <p>24 and programs?</p> <p>25 A. Yes.</p> | <p style="text-align: right;">Page 221</p> <p>1 staff prepares the slides?</p> <p>2 A. It could be staff, it may be other</p> <p>3 partners at the State level, it might be a</p> <p>4 request from a Federal agency to use a slide or</p> <p>5 information or data that they have.</p> <p>6 (DEPOSITION EXHIBIT 7 MARKED</p> <p>7 FOR IDENTIFICATION at 3:11 p.m.)</p> <p>8 Q. I'm going to show you a document</p> <p>9 that's been marked as Exhibit 7. It's a slide</p> <p>10 presentation from the Cuyahoga County Board of</p> <p>11 Health and the Cuyahoga County Opiate Task Force</p> <p>12 that's entitled "Ohio's Drug Overdose Epidemic:</p> <p>13 Contributing Factors and Ongoing Prevention</p> <p>14 Efforts." Do you see that?</p> <p>15 A. Yes.</p> <p>16 Q. And you've taken a moment to look</p> <p>17 this over. Is that fair?</p> <p>18 A. Yes.</p> <p>19 Q. Do you recognize this presentation?</p> <p>20 A. I do.</p> <p>21 Q. Do you use this presentation</p> <p>22 yourself?</p> <p>23 A. I have.</p> <p>24 Q. Unfortunately the way these get</p> <p>25 produced to us by the County, it doesn't have</p> |

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| <p style="text-align: right;">Page 222</p> <p>1 page numbers, so we're just going to have to do 2 our best to look at the slides of most interest. 3 MR. BOEHM: Oh, yours do, don't they? 4 MR. SMITH: Yeah, there are page 5 numbers on mine. 6 MR. BOEHM: Mine don't because 7 they're printed I guess in a different way. 8 Q. But I'm looking at the slide that has 9 this graphic that we looked at from the 2010 10 report. It says "Contributing Factors," and it 11 has the same kind of schematic that we looked at 12 in the report. 13 Can you find that slide? It's about, 14 I don't know, five or six slides in. 15 MR. SMITH: Is it Bates stamped on 16 yours? 17 MR. BOEHM: It's your Page 7. Do you 18 see it? 19 MR. SMITH: Are these Bates stamped? 20 MR. BOEHM: The Bates stamp of the 21 document, because this was produced 22 natively -- 23 MR. SMITH: Sure. 24 MR. BOEHM: -- is just a single Bates 25 stamp number.</p> | <p style="text-align: right;">Page 224</p> <p>1 the Cuyahoga County Opiate Task Force identified 2 for its purposes in presenting on what caused 3 the opiate epidemic in Cuyahoga County that were 4 not identified in the 2010 report? 5 A. Will you ask that question again, 6 please? 7 Q. Sure. You said there were some 8 differences. My question to you is whether or 9 not Cuyahoga County and its opiate task force 10 had identified causes of the opiate epidemic in 11 this county that had not been identified by the 12 Ohio State Prescription Drug Abuse Task Force 13 that issued its report in October 2010. 14 A. I would say based upon conversations 15 with members of the task force, there are some 16 differences compared to 2010 when this report 17 came out. 18 Q. Okay. Well, let's go through the 19 contributing factors that the Cuyahoga County 20 Opiate Task Force had identified as causes of 21 the epidemic in the county. 22 At the very top of the page -- it's 23 Page 7 on your version of the document. 24 MR. SMITH: Are we on Exhibit 7? 25 MR. BOEHM: Yeah.</p> |
| <p style="text-align: right;">Page 223</p> <p>1 MR. SMITH: Okay. 2 MR. BOEHM: And I think that's on 3 your -- 4 MR. SMITH: The original page? 5 MR. BOEHM: Yeah, it's on the first 6 page of your document. 7 MR. SMITH: Okay. Thank you. 8 Q. This is the same graphic as the one 9 that we looked at in the 2010 Prescription Drug 10 Abuse Task Force report that we were looking at 11 earlier, correct? Or essentially the same? 12 A. There's a difference in the circle, 13 but go ahead. 14 Q. Yeah. The one in the 2010 report 15 just says "Epidemic." 16 A. Correct. 17 Q. The one in this slide deck from the 18 Cuyahoga County Opiate Task Force has a couple 19 of additional terms in the circle, right? 20 A. Correct. 21 Q. But the contributing factors that are 22 identified are the same, right? 23 MR. SMITH: Objection; form. 24 A. There are some differences. 25 Q. Are there contributing factors that</p> | <p style="text-align: right;">Page 225</p> <p>1 MR. SMITH: Okay. Did you go back 2 and forth? Was it 6? 3 MR. BOEHM: No, I'm on Exhibit 7. 4 Q. This is the Cuyahoga County Opiate 5 Task Force -- 6 A. Okay. Go ahead. 7 Q. -- slide deck that you used to 8 describe contributing factors of the epidemic. 9 And at the very top of that graphic, do you see 10 it says "Overall growth in prescription use"? 11 A. Uh-huh. 12 Q. And then it says "New and better 13 preventive drugs." Do you see that? 14 A. I do. 15 Q. What does that refer to? 16 A. I don't recall. 17 Q. It next says "HC insurance pressure," 18 right? 19 A. Uh-huh. 20 Q. You've got to say yes or no. 21 A. Oh, I said -- I see that, yes. I'm 22 sorry. 23 Q. What does that refer to? 24 A. HCAHPS scores and medical facilities. 25 Q. What are HCAHPS scores and medical</p> |

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| <p style="text-align: right;">Page 226</p> <p>1 facilities?</p> <p>2 A. There are four questions that are</p> <p>3 asked when a client and a physician are talking</p> <p>4 about their visit.</p> <p>5 Q. In what way have HCAHPS scores</p> <p>6 contributed to opioid abuse, addiction, and</p> <p>7 overdose in Cuyahoga County?</p> <p>8 A. HCAHPS scores and Press Ganey scores</p> <p>9 are a review system that's in place for medical</p> <p>10 facilities, and it gives clients an opportunity</p> <p>11 for them to rate their visit with their</p> <p>12 physician.</p> <p>13 Q. In what way has that ability to rate</p> <p>14 a physician based on the visit contributed to</p> <p>15 the opioid epidemic in Cuyahoga County?</p> <p>16 A. Based upon information and</p> <p>17 collaborative partners, there was a feeling that</p> <p>18 people were worried about their HCAHPS scores or</p> <p>19 Press Ganey scores as it relates to their end of</p> <p>20 the year salary.</p> <p>21 Q. When you say people, you mean --</p> <p>22 A. Physicians.</p> <p>23 Q. -- licensed physicians?</p> <p>24 A. Licensed physicians.</p> <p>25 Q. And how did -- I still -- can you</p> | <p style="text-align: right;">Page 228</p> <p>1 the task force that are medical providers, yes.</p> <p>2 Q. What is your understanding about what</p> <p>3 it means to treat pain as the fifth vital sign?</p> <p>4 A. Pain was looked at as an intimate --</p> <p>5 or pain is looked at as a life vital sign. That</p> <p>6 relationship would be if you went to the</p> <p>7 hospital, people would ask you -- physicians</p> <p>8 would ask you "What is your level of pain."</p> <p>9 They would give you what they call a Wong scale,</p> <p>10 which is a smiley face scale, from 1 to 10, and</p> <p>11 through personal experience with my daughter,</p> <p>12 when she broke her leg, I experienced that.</p> <p>13 Pain is subjective compared to the</p> <p>14 other vital signs, and off the top of my head, I</p> <p>15 don't remember what they are. Respiration,</p> <p>16 heart rate, blood pressure.</p> <p>17 Q. In what way has the concept of</p> <p>18 treating pain as the fifth vital sign</p> <p>19 contributed to opioid abuse in Cuyahoga County?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. Based upon my conversations with</p> <p>22 Dr. Gilson, members of law enforcement, and the</p> <p>23 medical community, overprescribing of</p> <p>24 prescription pain pills.</p> <p>25 Q. I see. So the view of the</p> |
| <p style="text-align: right;">Page 227</p> <p>1 please just describe what you mean when you say</p> <p>2 licensed physicians were concerned about their</p> <p>3 HCAHPS scores in relation to any impact that had</p> <p>4 in contributing to the opioid epidemic in</p> <p>5 Cuyahoga County?</p> <p>6 A. From my understanding is physicians</p> <p>7 were worried about getting negatively scored at</p> <p>8 the end of the year as it related to treating</p> <p>9 the pain of individuals that they were seeing.</p> <p>10 Q. Okay. But you're not answering my</p> <p>11 question, which is how did that contribute to</p> <p>12 the opioid epidemic?</p> <p>13 MR. SMITH: Objection; form.</p> <p>14 A. From my conversation with physicians</p> <p>15 that are part of the task force, there was an</p> <p>16 overall concern that there was more medications</p> <p>17 being prescribed to ensure that people would</p> <p>18 receive better Press Ganey scores or HCAHPS</p> <p>19 scores at the end of the year as it related to</p> <p>20 hospital accreditation and finances based upon</p> <p>21 conversations with the physicians.</p> <p>22 Q. Are you familiar with the concept of</p> <p>23 pain as a fifth vital sign?</p> <p>24 A. Based upon personal family experience</p> <p>25 and conversations with individuals that are on</p> | <p style="text-align: right;">Page 229</p> <p>1 individuals in constituencies of the Cuyahoga</p> <p>2 County Opiate Task Force is that the concept of</p> <p>3 treating pain as a fifth vital sign has led to</p> <p>4 too much prescribing of opioid medication? Is</p> <p>5 that a fair summary?</p> <p>6 A. Yes. I think that's why it's noted</p> <p>7 as a risk factor.</p> <p>8 Q. And you also referenced</p> <p>9 accreditation. What do you mean by</p> <p>10 accreditation of hospitals and individual</p> <p>11 healthcare practices?</p> <p>12 A. I don't recall. Accreditation, I'm</p> <p>13 not in the medical field.</p> <p>14 Q. Well, you said it, not me, so I want</p> <p>15 to know what you meant when you talked about</p> <p>16 accreditation.</p> <p>17 A. And I said it based upon</p> <p>18 conversations with other medical professionals.</p> <p>19 Q. Well, however you learned about it,</p> <p>20 in what way do you believe that accreditation</p> <p>21 standards of hospitals or individual healthcare</p> <p>22 practices has contributed to opioid abuse or</p> <p>23 overdoses in Cuyahoga County?</p> <p>24 A. An increase in prescribing practices,</p> <p>25 as I mentioned earlier.</p> |

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| <p style="text-align: right;">Page 230</p> <p>1 Q. What about the accreditation of 2 hospitals and individual healthcare practices 3 has led in your view to overprescribing of 4 prescription opioid medications? 5 MR. SMITH: Objection; form. 6 A. I don't recall. 7 Q. As you sit here today, you're not 8 able to describe in any way what you know or 9 have known about how accreditation of hospitals 10 or individual healthcare practices has 11 contributed to trends in opioid abuse or 12 overdoses? Is that correct? 13 MR. SMITH: Objection; form. 14 A. I do not know. 15 Q. Is my summary correct, or you don't 16 know if I'm correct? 17 MR. SMITH: Objection; form. 18 A. I do not know. 19 Q. You don't know what? 20 A. What was your original question? 21 Q. My question was whether or not as you 22 sit here today you are able to indicate why it 23 has been the view of you or others on the 24 Cuyahoga County Opiate Task Force that 25 accreditation of hospitals or individual</p> | <p style="text-align: right;">Page 232</p> <p>1 A. I presented on a relationship between 2 a client and a patient on Press Ganey scores and 3 HCAHPS scores. Accreditation, my office we're 4 accredited. I don't know who provides 5 accreditation for hospitals. I do not know 6 that. 7 Q. It's in your speaker notes, right, 8 hospital accreditation? You saw that? 9 A. I do. 10 Q. Why is it there? 11 A. It's an example. It doesn't mean I 12 know how hospitals are accredited, by any means. 13 I don't work for an accreditation board for 14 hospitals. 15 Q. It's an example of what? 16 A. An example of a review, a hospital 17 review, but I'm not part of an accreditation 18 team for the hospitals. I don't work for the 19 hospitals. 20 All I know is that a contributing 21 factor, like you asked me before, that those 22 systems, okay, that were built in place to 23 respond to people's pain provided opportunities 24 for more prescribing. That's what I know. 25 Q. Why does your speaker notes for the</p> |
| <p style="text-align: right;">Page 231</p> <p>1 healthcare practices has been a contributing 2 factor to opioid abuse or overdose in Cuyahoga 3 County. 4 A. I do not know. 5 Q. Is that something that you've talked 6 about in your presentations? 7 A. I don't recall. 8 Q. Well, why don't we look together at 9 your speaker notes on the same page. It's a 10 little bit small print, which is why I brought a 11 magnifying glass in case you need it. I don't 12 know how good your eyes are. 13 A. I need it. 14 Q. You say you do need it? 15 A. Yeah. 16 Q. All right. Here's a magnifying 17 glass. 18 On the fourth line down in your 19 speaker notes for Slide 7, it says "Press Ganey 20 scores, patient satisfaction surveys, and 21 hospital accreditation." 22 A. Uh-huh. 23 Q. So you have presented on how hospital 24 accreditation has contributed to opioid abuse 25 and overdose in Cuyahoga County, correct?</p> | <p style="text-align: right;">Page 233</p> <p>1 slide on contributing factors to opioid abuse in 2 Cuyahoga County include a reference to hospital 3 accreditation? 4 A. I don't recall why. I don't know. 5 Q. Have you ever heard of the joint 6 commission? 7 A. I'm sorry? 8 Q. Have you ever heard of the joint 9 commission? 10 A. I don't recall. 11 Q. Have you ever heard of the VA? 12 A. The VA? 13 Q. Uh-huh. 14 A. Could you define what VA is? 15 Q. Veterans Administration. 16 A. Yes, I've heard of the VA. 17 Q. Have you ever heard of the American 18 Medical Association? 19 A. I have. 20 Q. You already told us you had never 21 heard of the Ohio Medical Board. 22 Have you ever heard of the Federation 23 of State Medical Boards? 24 A. No, I have not. 25 Q. Do you know what medical</p> |

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1 organizations or governmental entities adopted
2 the concept of treating pain as the fifth vital
3 sign?
4 I'm not asking you a question about
5 your notes.
6 A. I'm just looking.
7 Could you ask that question again,
8 please? I'm sorry.
9 Q. Yeah. If you need a break because
10 you need water or you're distracted, just let me
11 know.
12 A. No. I'm trying to -- this doesn't
13 work with the glasses, so it's just --
14 Q. I'm not asking you to use the
15 magnifying glass. I'm not sure why you're doing
16 that.
17 My question to you right now is
18 whether or not you know if any medical
19 organizations or governmental entities have
20 adopted the treatment of pain as a fifth vital
21 sign.
22 MR. SMITH: Objection; form.
23 A. Could you ask the question again?
24 Q. Do you know whether any medical
25 organizations or governmental entities have

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1 adopted the concept of treating pain as the
2 fifth vital sign?
3 A. In conversations with professionals
4 on the task force that are in the medical
5 community, yes, pain as a fifth vital sign is
6 used.
7 Q. Do you --
8 A. I explained to you that in personal
9 experience. My daughter visited the hospital
10 because she had a broken leg. They asked her
11 what her pain was. They used the Wong scale, so
12 yes, I'm aware of that.
13 Q. The Cuyahoga County Opiate Task Force
14 slide on contributing factors to the opioid
15 abuse epidemic also refers to self-medicating
16 habits of baby boomers. Do you see that?
17 A. I do.
18 Q. What does that mean?
19 A. As I explained to you before, I don't
20 have a background in substance abuse. Members
21 of the task force -- Dr. Chris Delos Reyes,
22 Dr. Ted Parran, Kevin Smith from the VA -- we
23 talk about self-medicating habits.
24 There is some history of individuals
25 who use medication, used it in a fashion that

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1 wasn't proposed by a physician, so they were
2 self-medicating.
3 Part of the problem with the opioid
4 epidemic that people were taking these strong,
5 powerful opioid medications, didn't know the
6 strength, and an example would be that, you
7 know, I'd break my thumb. Instead of going to
8 the physician, I'm already in the process of
9 using. I ask my buddy, "Hey, do you have some
10 pain pills?" "Yeah." You start taking those
11 pain pills. Your self-medicating habits put you
12 at a greater risk.
13 That's what the contributing factor
14 of self-medicating habits is, based upon
15 information for people that are on the task
16 force that are in treatment and substance abuse
17 programming.
18 Q. Is it the view of the Cuyahoga County
19 Opiate Task Force that there's a cultural
20 mindset of relying on prescription medications
21 at times when perhaps that's not necessary?
22 A. Individuals that are part of the task
23 force that have a history of treating SUD would
24 probably feel that way, yes.
25 Q. Is that your sense of things as the

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1 chair of the task force?
2 MR. SMITH: Objection; form.
3 A. I would say that it -- could you ask
4 that again, please?
5 Q. Yeah. My question is simply whether
6 or not you share the view that you say others on
7 the Cuyahoga County Opiate Task Force have that
8 there is a cultural mindset of relying on
9 prescription medications when perhaps that's not
10 necessary, that that has contributed to trends
11 of opioid-related abuse and overdose.
12 A. Is that exclusively to the baby
13 boomers, that contributing factor that we're
14 talking about, or is that in general?
15 Q. Well, I ask you. It does say -- as
16 you note, it says baby boomers here on the
17 slide. What is your --
18 A. But you're asking the question, so
19 that's what I'm trying to gauge; is this
20 pertaining to that risk factor of baby boomers.
21 Q. My question right now is just
22 generally do you believe that a cultural mindset
23 of relying on prescription medications when
24 perhaps that's not necessary has contributed to
25 the opioid abuse epidemic as -- as you say some

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| <p style="text-align: right;">Page 238</p> <p>1 on the task force have indicated?</p> <p>2 A. We have a culture of quick fix in</p> <p>3 this country, and I would say that is a</p> <p>4 contributing factor.</p> <p>5 Q. You also mentioned stigma a couple of</p> <p>6 times today as a contributing factor to the</p> <p>7 opioid abuse epidemic in the county. Did I</p> <p>8 understand that correctly?</p> <p>9 A. You did.</p> <p>10 Q. Can you please describe for us what</p> <p>11 you meant and what your views are with respect</p> <p>12 to how stigma contributes to unfavorable trends</p> <p>13 of opioid abuse.</p> <p>14 A. Stigma in general, whether you're</p> <p>15 speaking about mental health or substance abuse,</p> <p>16 creates barriers.</p> <p>17 People don't have a general good</p> <p>18 opinion of an individual who is a substance</p> <p>19 abuser. And through my conversations with</p> <p>20 individuals who have been through this</p> <p>21 experience, who are currently in long-term</p> <p>22 recovery, there is a feeling that you're usually</p> <p>23 the last in and first out when you start doing</p> <p>24 things. So stigma creates barriers.</p> <p>25 People have an opinion that, you</p> | <p style="text-align: right;">Page 240</p> <p>1 practicing social work on the bench, law</p> <p>2 enforcement officials that have adopted Project</p> <p>3 DAWN, law enforcement officials that have</p> <p>4 adopted Safe Passages programs, that's breaking</p> <p>5 down stigma. We still have a lot of work to do.</p> <p>6 Q. Do you know if the Cuyahoga County</p> <p>7 Board of Health or the Cuyahoga County Opiate</p> <p>8 Task Force at any time since you've been</p> <p>9 involved in this work has ever asked the State</p> <p>10 of Ohio, whether it be the Ohio Medical Board or</p> <p>11 the Ohio General Assembly, to require a revision</p> <p>12 to clinical pain management guidelines that are</p> <p>13 believed to have contributed to the epidemic in</p> <p>14 Cuyahoga County?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. Could you restate that for me,</p> <p>17 please?</p> <p>18 Q. Sure. Do you know whether or not the</p> <p>19 Cuyahoga County Board of Health or the Cuyahoga</p> <p>20 County Opiate Task Force has ever recommended to</p> <p>21 any state or local governmental body a revision</p> <p>22 to the clinical pain management guidelines that</p> <p>23 are believed to have contributed to the opioid</p> <p>24 use epidemic in Cuyahoga County?</p> <p>25 A. The Cuyahoga County task force, I do</p> |
| <p style="text-align: right;">Page 239</p> <p>1 know, if you come from a good community, you</p> <p>2 know, your family, a good family, that they're</p> <p>3 not at risk.</p> <p>4 This is a complex disease, and stigma</p> <p>5 inhibits creative thought, inhibits people from</p> <p>6 thinking openly, and it limits people from</p> <p>7 treatment. Stigma is -- is tough to deal with.</p> <p>8 Q. Is the stigma that you're referring</p> <p>9 to as a contributing factor to opioid abuse in</p> <p>10 this community something that you've discussed</p> <p>11 as part of your lectures and presentations on</p> <p>12 the subject?</p> <p>13 A. Yes.</p> <p>14 Q. Do you consider that to be a</p> <p>15 significant contributing factor to opioid abuse?</p> <p>16 A. I do.</p> <p>17 THE WITNESS: I'm sorry, I'm not</p> <p>18 talking loud enough.</p> <p>19 A. I do. Having a personal experience</p> <p>20 with it myself gives you a different perspective</p> <p>21 and you think differently.</p> <p>22 There's a lot of people that are</p> <p>23 working towards -- working to address that. A</p> <p>24 lot of our collaborative partnerships, whether</p> <p>25 it be through the justice system, judges</p> | <p style="text-align: right;">Page 241</p> <p>1 not recall, but I do remember the heroin</p> <p>2 subcommittee which Carole Rendon chaired</p> <p>3 discussing that specific issue at length.</p> <p>4 Q. Do you know if the Cuyahoga County</p> <p>5 Opiate Task Force has ever made a recommendation</p> <p>6 to any governmental body to revise clinical pain</p> <p>7 management guidelines that the task force</p> <p>8 believes contributed to opioid abuse in Cuyahoga</p> <p>9 County?</p> <p>10 A. I do not recall that.</p> <p>11 Q. Do you know whether or not there is</p> <p>12 regional variation in terms of the volume of</p> <p>13 prescribing opioid medications?</p> <p>14 A. I don't recall ever gathering that</p> <p>15 information or sharing that with task force</p> <p>16 members.</p> <p>17 Q. In your view as the longtime chair of</p> <p>18 the Cuyahoga County Opiate Task Force, do you</p> <p>19 believe that licensed physicians who have</p> <p>20 prescribed opioid medications in and around</p> <p>21 Cuyahoga County share responsibility for opioid</p> <p>22 abuse trends in the community?</p> <p>23 A. I would say they're a piece of the</p> <p>24 contributing factors.</p> <p>25 Q. In what way would you say that</p> |

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| <p style="text-align: right;">Page 242</p> <p>1 licensed physicians who have prescribed opioid 2 medications in this community have contributed 3 to the epidemic? 4 A. I think based upon my conversations 5 with the Ohio Department of Health, based upon 6 my conversations with individuals that are in 7 substance abuse treatment, that's Dr. Ted 8 Parran, Dr. Chris Delos Reyes, we had talked 9 about it here, a culture of prescribing, I think 10 it's reflected in this document, when you start 11 looking at the amount of prescription opioids 12 that were dispensed in Ohio, that information 13 can be gathered through the Ohio Pharmacy Board. 14 So I think doctors played a role, 15 yes. 16 Q. For what years do you believe that 17 licensed physicians who prescribed opioid 18 medications in or around Cuyahoga County share 19 responsibility for opioid abuse trends in the 20 community? 21 MR. SMITH: Objection; form. 22 A. I do not know. 23 Q. Is that something you've ever 24 evaluated? 25 A. I do not know.</p> | <p style="text-align: right;">Page 244</p> <p>1 Q. Do you agree that doctors cannot 2 write a prescription lawfully without an 3 individualized determination of medical 4 necessity for each patient? 5 A. I would agree that's the way it 6 should be. 7 Q. Do you agree that a doctor's decision 8 to prescribe a prescription opioid or not 9 depends on the physician's assessment of each 10 patient's medical history, condition, and 11 diagnosis? 12 A. I would agree. 13 Q. Do you agree that a licensed 14 physician who prescribes prescription opioids is 15 obligated to consider the risks and benefits of 16 that prescription for each individual patient? 17 A. I would agree. 18 Q. Do you agree that the volume of 19 prescription opioid medications kept at or 20 ordered by a pharmacy is not a factor that a 21 particular licensed physician takes into account 22 in deciding whether to issue a prescription for 23 an opioid to a particular patient? 24 MR. SMITH: Objection; form. 25 A. I don't know.</p> |
| <p style="text-align: right;">Page 243</p> <p>1 Q. Does that mean you don't recall ever 2 having evaluated that? 3 A. I don't know. 4 Q. Do you agree that no one can lawfully 5 obtain opioid medications without a prescription 6 written by a licensed physician? 7 MR. SMITH: Objection; form. 8 A. Can you ask me that question again, 9 please? 10 Q. Absolutely. Do you agree that no one 11 can lawfully obtain prescription opioids without 12 a prescription written by a licensed physician? 13 MR. SMITH: Objection; form. 14 A. One more time, please? 15 Q. Sure. Do you agree that no one can 16 lawfully obtain opioids without a prescription 17 written by a licensed physician? 18 MR. SMITH: Objection; form. 19 A. I would agree that individuals need 20 to get a prescription medication from a licensed 21 physician, yes. 22 Q. Do you agree that the decision to 23 prescribe opioid medication lies with the 24 physician who evaluates the patient in person? 25 A. I would agree.</p> | <p style="text-align: right;">Page 245</p> <p>1 Q. Are you aware of any physician who 2 has issued a prescription to a particular 3 patient by taking into account how much opioid 4 medication has been ordered by a particular 5 pharmacy? 6 A. I do not know. 7 Q. Do you agree that using prescription 8 opioid medications under the care of a licensed 9 healthcare provider for legitimate medical needs 10 does not result in addiction for the vast 11 majority of individuals? 12 MR. SMITH: Objection; form. 13 A. I do not know. 14 Q. Have you ever looked into the 15 question of how frequently using prescription 16 opioid medications under the care of a licensed 17 physician for legitimate medical needs results 18 in addiction? 19 MR. SMITH: Objection; form. 20 A. I may have, but I don't recall when. 21 Q. Were you done with your answer? 22 A. I am. 23 Q. Do you, agree based on your work on 24 the Cuyahoga County Opiate Task Force and other 25 responsibilities and duties at the Cuyahoga</p> |

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| <p style="text-align: right;">Page 246</p> <p>1 County Board of Health, that using prescription 2 opioid medications under the care of a licensed 3 physician for a legitimate medical need does not 4 result in addiction for the vast majority of 5 patients? 6 MR. SMITH: Objection; form. 7 A. I don't recall such a report. 8 Q. You don't know one way or another? 9 A. I do not know at this point in time. 10 Q. Do you agree that information that an 11 individual doctor has available to him or her to 12 make a particular prescribing decision is 13 protected by privacy laws? 14 A. I agree. 15 Q. And you agree that that information 16 is not generally accessible outside of that 17 patient-doctor relationship. 18 A. I would agree. 19 Q. Drug makers don't have access to that 20 information, right? 21 MR. SMITH: Objection; form. 22 A. I do not know. 23 Q. You don't know one way or another 24 whether drug manufacturers have access to 25 personal health information of an individual</p> | <p style="text-align: right;">Page 248</p> <p>1 distributors don't have access to that 2 information, correct? 3 MR. SMITH: Objection; form. 4 A. I do not know. 5 Q. Do you have any reason to believe 6 that wholesale distributors have access to that 7 information? 8 A. I do not know. 9 Q. That's a yes or a no. You either 10 have a reason to believe or you don't. 11 MR. SMITH: He answered the question. 12 Q. Do you have a reason to believe? 13 A. I do not know. 14 Q. You don't know if you have a reason 15 to believe? 16 A. I do not know. 17 Q. You don't know what? 18 A. The first question that you asked. 19 Q. Well, the question I asked you is 20 whether or not you have a reason to believe that 21 wholesale distributors have access to private 22 health information. 23 A. I do not know. Just because you 24 throw in reason, I don't know the answer to your 25 question.</p> |
| <p style="text-align: right;">Page 247</p> <p>1 patient insofar as it concerns that 2 doctor-patient relationship? 3 A. I do not know. 4 Q. Are you -- do you have any reason to 5 believe that drug manufacturers have access to 6 that information? 7 A. I do not know. 8 Q. No, my question is, do you have any 9 reason to believe that drug manufacturers have 10 access to that information? 11 A. I don't know one way or another from 12 the question -- 13 Q. Not my question. I know you don't 14 know. My question is, do you have any reason to 15 believe that drug manufacturers have access to 16 that information? 17 MR. SMITH: Objection; form. 18 A. I do not know. 19 Q. Do you have any basis, evidence, or 20 any other reason to believe that drug 21 manufacturers have access to personal health 22 information of patients and prescribing 23 decisions by their personal doctors? 24 A. I do not know. 25 Q. And you agree that wholesale</p> | <p style="text-align: right;">Page 249</p> <p>1 Q. So your testimony is you do not 2 know -- 3 A. Correct. 4 Q. -- whether or not you have a reason 5 to believe that wholesale drug distributors have 6 that information. 7 MR. SMITH: Objection; form. 8 A. I answered your question. 9 Q. You didn't, respectfully. I'm asking 10 whether you have some basis or reason to believe 11 that wholesale drug distributors have access to 12 that information. 13 MR. SMITH: Objection; form. 14 A. I do not know. 15 Q. Okay. When you use the term 16 "overprescribing," what do you mean by that? 17 A. Based upon information from task 18 force members, those would be individuals that 19 are either getting excess medications within our 20 poison death review. We had talked about that. 21 So overprescribing could be an 22 individual that is maybe gathering prescription 23 medication outside of those five or six 24 questions that you asked me regarding 25 client-patient relationship. That's what my</p> |

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| <p style="text-align: right;">Page 250</p> <p>1 definition of overprescribing would be.</p> <p>2 Q. Well, I didn't understand what you</p> <p>3 meant by outside of the five or six questions I</p> <p>4 asked. What was that caveat?</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 A. You had asked me a series of</p> <p>7 questions based upon my feelings as far as a</p> <p>8 relationship between a doctor and a client as it</p> <p>9 related to prescribing practices. That's what</p> <p>10 I'm referring to.</p> <p>11 Q. Does the Cuyahoga County Board of</p> <p>12 Health have responsibility for detecting or</p> <p>13 measuring overprescribing?</p> <p>14 A. No, we do not.</p> <p>15 Q. Who has that responsibility in</p> <p>16 Cuyahoga County?</p> <p>17 A. I would probably -- local law</p> <p>18 enforcement, federal law enforcement agencies.</p> <p>19 Q. Do you agree that without access to</p> <p>20 the medical records of a specific individual,</p> <p>21 it's not possible to determine if any specific</p> <p>22 prescription was medically improper?</p> <p>23 A. I would agree with your statement.</p> <p>24 Q. Does the Cuyahoga County Board of</p> <p>25 Health have authority or expertise to oversee or</p> | <p style="text-align: right;">Page 252</p> <p>1 physicians or hospitals have the freedom to</p> <p>2 disregard accreditation standards in terms of</p> <p>3 how they practice medicine?</p> <p>4 A. I do not know that.</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 Q. Another of the boxes -- I'm still</p> <p>7 looking at Page 7.</p> <p>8 A. No problem.</p> <p>9 MR. SMITH: Of which exhibit?</p> <p>10 MR. BOEHM: Of Exhibit 7.</p> <p>11 Q. This is the Cuyahoga County Opiate</p> <p>12 Task Force slide deck that you used to present.</p> <p>13 A. Okay.</p> <p>14 Q. One of the boxes in this schematic</p> <p>15 says "Widespread diversion of prescription</p> <p>16 drugs." Do you see that?</p> <p>17 A. I do.</p> <p>18 Q. And then it lists some examples of</p> <p>19 diversion. Do you see that?</p> <p>20 A. I do.</p> <p>21 Q. Let's talk about some of those</p> <p>22 examples. But, first, can you --</p> <p>23 A. Can we get a quick break and then</p> <p>24 come back and dig into this?</p> <p>25 Q. Let me just finish my question so we</p> |
| <p style="text-align: right;">Page 251</p> <p>1 scrutinize a licensed physician's individual</p> <p>2 prescribing practices?</p> <p>3 A. No, we do not.</p> <p>4 Q. Who has that authority in Cuyahoga</p> <p>5 County?</p> <p>6 A. DEA.</p> <p>7 Q. Anybody else?</p> <p>8 A. DEA is the only one that I'm aware</p> <p>9 of.</p> <p>10 Q. Do you agree that the overwhelming</p> <p>11 majority of physicians in and around Cuyahoga</p> <p>12 County who have prescribed prescription opioids</p> <p>13 have done so for legitimate medical needs?</p> <p>14 A. Based upon conversations with</p> <p>15 individuals at the state and local level, yes.</p> <p>16 Q. With whom have you had conversations</p> <p>17 about that?</p> <p>18 A. Members of Ohio Department of Health;</p> <p>19 members here locally like Dr. Chris Delos Reyes,</p> <p>20 Dr. Ted Parran, both who are addictionologists</p> <p>21 and experts in the field of addiction medicine.</p> <p>22 Q. You talked about those accreditation</p> <p>23 standards that hospitals have a little bit</p> <p>24 earlier.</p> <p>25 Do you know whether or not individual</p> | <p style="text-align: right;">Page 253</p> <p>1 don't have one halfway done on the record.</p> <p>2 A. Sure. I'm sorry about that.</p> <p>3 Q. What is your understanding about what</p> <p>4 diversion is in the context of controlled</p> <p>5 substances and specifically prescription opioid</p> <p>6 medications?</p> <p>7 A. An example of diversion would be the</p> <p>8 term "doctor shopping." Doctor shopping by the</p> <p>9 Ohio Department of Health is an individual who</p> <p>10 has seen more than five physicians in a year,</p> <p>11 would be one example of diversion.</p> <p>12 Q. Is there a broader definition of</p> <p>13 diversion that you have other than just</p> <p>14 identifying examples?</p> <p>15 A. That's the definition that I'm</p> <p>16 familiar with. I don't know if there is a</p> <p>17 Webster's dictionary definition of diversion.</p> <p>18 That's what I have always shared or used with</p> <p>19 colleagues.</p> <p>20 MR. BOEHM: Okay. Let's go off the</p> <p>21 record.</p> <p>22 VIDEO TECHNICIAN: Off the record at</p> <p>23 3:56.</p> <p>24 (Recess taken at 3:56 p.m.)</p> <p>25 (Back on the record at 4:16 p.m.)</p> |

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1 VIDEO TECHNICIAN: We're on the
 2 record 4:16, Media Number 4, Caraffi
 3 deposition.
 4 BY MR. BOEHM:
 5 Q. Mr. Caraffi, do you agree that all
 6 forms of diversion are illegal?
 7 Mr. Caraffi, I'm not sure what you're
 8 looking at, but my question --
 9 A. I'm sorry. I thought we were still
 10 on the contributing factors. My bad.
 11 Q. My question is, do you agree that all
 12 forms of diversion are illegal?
 13 MR. SMITH: If you need to think
 14 about your answer, you're allowed to do
 15 that.
 16 A. Yes, I would.
 17 Q. Do you agree that theft of
 18 prescription opioid medications is illegal?
 19 A. I didn't understand what you said.
 20 What?
 21 Q. Do you agree that theft of
 22 prescription opioid medications is illegal?
 23 A. Yes, I would.
 24 Q. Do you agree that using a
 25 prescription opioid medication that was not

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1 prescribed to you by a licensed physician is a
 2 form of diversion and is not legal?
 3 MR. SMITH: Objection; form.
 4 A. I would agree with that comment.
 5 Q. Are you familiar with the concept of
 6 pill mills?
 7 A. I am.
 8 Q. What is a pill mill?
 9 A. My recollection of a pill mill as it
 10 relates to the prescription opioid epidemic is a
 11 licensed medical facility that is prescribing
 12 numerous prescription medications without the
 13 interaction between a patient and the client,
 14 what you had asked me earlier.
 15 I'm not aware of a definitive
 16 definition of a pill mill, but that is my
 17 recollection of what a pill mill is.
 18 Q. Has Cuyahoga County had pill mills of
 19 prescription opioid medications?
 20 A. I do not know.
 21 Q. To your knowledge, has Cuyahoga
 22 County had an instance of a pill mill?
 23 MR. SMITH: Objection; form.
 24 A. My conversations with law enforcement
 25 that are part of the task force, I don't recall

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1 a pill mill per se.
 2 Q. To what extent do you believe that
 3 intentional overprescribing by unscrupulous
 4 physicians is to blame for opioid abuse and
 5 overdose within Cuyahoga County?
 6 A. Could you ask me that again, please?
 7 Q. Sure. To what extent do you believe
 8 that intentional overprescribing by unscrupulous
 9 physicians is to blame for opioid abuse and
 10 overdose within Cuyahoga County?
 11 A. I don't know.
 12 Q. To what extent do you believe that
 13 drug dealers are to blame for opioid abuse and
 14 overdose in Cuyahoga County?
 15 A. I would say it's a part of it, but I
 16 can't give you a specific number. I can't give
 17 you a specific rate.
 18 Q. When you say you can't give me a
 19 specific rate, what do you mean? You can't
 20 quantify the level of blame?
 21 A. Correct. Is it part of the problem?
 22 I would say yes.
 23 Q. We've talked about a lot of
 24 contributing factors here today, and some we
 25 still have yet to talk about that we'll get to.

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1 A. I understand.
 2 Q. Are you able to quantify or rank or
 3 sort by level of importance all the contributing
 4 factors that the Cuyahoga County Opiate Task
 5 Force has identified as contributing to the
 6 epidemic in the county?
 7 MR. SMITH: Objection; form.
 8 A. I do not know.
 9 Q. When you say you do not know, what do
 10 you mean?
 11 A. I can give you examples, but I do not
 12 know specific percentages, as you asked me, and
 13 rating them from top to bottom which is the most
 14 contributing factor.
 15 Q. Do you agree that the opioid epidemic
 16 in Cuyahoga County is very complex and
 17 multifaceted?
 18 A. Yes.
 19 Q. Some of the other contributing
 20 factors of the Cuyahoga County Opiate Task Force
 21 has identified -- and now I am directing your
 22 attention back to Slide 7 of the deck that we've
 23 marked as --
 24 A. It's 7.
 25 Q. Exhibit 7.

| | |
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| <p style="text-align: right;">Page 258</p> <p>1 A. Okay.</p> <p>2 Q. Yes, it's Page 7 of Exhibit 7.</p> <p>3 A. Okay.</p> <p>4 Q. That identifies contributing factors</p> <p>5 that the Cuyahoga County Opiate Task Force has</p> <p>6 identified for the epidemic. We've talked about</p> <p>7 some of them so far, but not all of them.</p> <p>8 You also have a direct-to-consumer</p> <p>9 marketing of prescription -- that "Rx" means</p> <p>10 prescription, right?</p> <p>11 A. Uh-huh.</p> <p>12 Q. In what way do you believe that</p> <p>13 direct-to-consumer marketing has contributed to</p> <p>14 the opioid epidemic in Cuyahoga County?</p> <p>15 A. This factor relates to a culture that</p> <p>16 we have in this country where every time you</p> <p>17 turn on the TV, you see a marketing aspect.</p> <p>18 We're talking about opioids today. It may be</p> <p>19 Lipitor, it may be Zoloft for mental health</p> <p>20 illness.</p> <p>21 This contributing factor is put in</p> <p>22 there based upon that, and there's only two</p> <p>23 countries that I am currently aware of that have</p> <p>24 direct marketing to consumers, and that's New</p> <p>25 Zealand and the United States.</p> | <p style="text-align: right;">Page 260</p> <p>1 A. I think that factor relates back to</p> <p>2 certain -- the strength of the opioids,</p> <p>3 availability as it relates to once these</p> <p>4 materials were only available for terminally ill</p> <p>5 or palliative care, so the availability and</p> <p>6 marketing opened up from that standpoint. That</p> <p>7 would be the contributing factor.</p> <p>8 Q. So when you talk about availability</p> <p>9 and the changes in the circumstance, the</p> <p>10 circumstances in which these are available, are</p> <p>11 you referring to the changes in prescribing</p> <p>12 guidelines for pain management?</p> <p>13 A. I'm referring to conversations that</p> <p>14 I've had with collaborative members, individuals</p> <p>15 for palliative care, who have explained to me</p> <p>16 that these very powerful drugs that were</p> <p>17 available for individuals that they used to work</p> <p>18 with are now open to everybody, that that is my</p> <p>19 recollection.</p> <p>20 Q. And do you know why, as you put it,</p> <p>21 they're more open to others?</p> <p>22 Is that -- in other words, is that</p> <p>23 related to the changes in clinical pain</p> <p>24 management guidelines that are -- that's also</p> <p>25 referenced?</p> |
| <p style="text-align: right;">Page 259</p> <p>1 Q. In your view, should</p> <p>2 direct-to-consumer marketing not be permitted in</p> <p>3 the United States?</p> <p>4 A. I don't know.</p> <p>5 Q. Do you have an opinion about that?</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 A. I don't have an opinion one way or</p> <p>8 another.</p> <p>9 Q. Are you aware of any particular</p> <p>10 direct-to-consumer marketing efforts with</p> <p>11 respect to prescription opioid medications?</p> <p>12 A. I am not aware of any direct consumer</p> <p>13 marketing from a prescription opioid</p> <p>14 manufacturer.</p> <p>15 Q. Okay. The next box here just kind of</p> <p>16 going clockwise is "Availability and marketing</p> <p>17 of new extended-release prescription opioids."</p> <p>18 Do you see that?</p> <p>19 A. I do.</p> <p>20 Q. In what way do you and the Cuyahoga</p> <p>21 County Opiate Task Force believe that</p> <p>22 availability and marketing of new</p> <p>23 extended-release prescription opioids has</p> <p>24 contributed to levels of opioid abuse and</p> <p>25 overdose in the county?</p> | <p style="text-align: right;">Page 261</p> <p>1 A. I do not know that. I don't know</p> <p>2 that.</p> <p>3 Q. So you don't know why there was a</p> <p>4 time when prescription opioid medications were</p> <p>5 available only for palliative or cancer care,</p> <p>6 but subsequently became available for other</p> <p>7 indications.</p> <p>8 A. I do not know.</p> <p>9 Q. We've already talked about overall</p> <p>10 growth of prescription use, widespread diversion</p> <p>11 of prescription drugs.</p> <p>12 The next box is "Changing</p> <p>13 prescription pain management guidelines." We</p> <p>14 talked about this a bit in the context of the</p> <p>15 2010 report.</p> <p>16 A. ODH?</p> <p>17 Q. Right. But we haven't talked about</p> <p>18 it in the context of the Cuyahoga County Opiate</p> <p>19 Task Force findings.</p> <p>20 In what way does the Cuyahoga County</p> <p>21 Opiate Task Force believe that changing pain</p> <p>22 management guidelines for prescription opioids</p> <p>23 has contributed to opioid abuse and overdose in</p> <p>24 the county?</p> <p>25 A. You mean increase in prescribed</p> |

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|---|--|
| <p style="text-align: right;">Page 262</p> <p>1 medications -- an increase in opioid 2 medications? 3 Q. Why has an increase in prescribed 4 medications contributed to opioid abuse and 5 overdose as the Cuyahoga County Opiate Task 6 Force understands it? 7 A. I don't know. 8 Q. And then it says "Perceived 9 legitimacy and safety of prescription drugs." 10 That's the final box. 11 What do you and the Cuyahoga County 12 Opiate Task Force mean when you say that the 13 perceived legitimacy and safety of prescription 14 drugs has contributed to opioid abuse, 15 addiction, or overdose in this community? 16 A. Based upon information from the Ohio 17 Department of Health, when this epidemic was 18 noted, there were two individual populations 19 that were at greatest risk of perceived 20 legitimacy. One was Caucasian women, and what I 21 mean by that is that mother's little helper 22 would -- "Prescribed by a physician, I can take 23 it," not knowing that it's a powerful pain 24 medication. 25 The other one we saw was adolescents,</p> | <p style="text-align: right;">Page 264</p> <p>1 could be law enforcement that's doing leaders, 2 young leaders. It could be working with school 3 resource officers to address the prevention for 4 that at-risk group. 5 It may be working with different 6 individuals like Nancy Pommerening from Drug 7 Awareness and Prevention that is using a NIDA 8 program that is an evidence-based program that 9 focuses on brain power as it relates to 10 substance abuse. 11 There are other collaborative members 12 that are using HOPE's training, which is an 13 evidence-based program that is being put forth 14 by the Ohio Department of Health. 15 Q. How have those efforts in the context 16 of the opioid abuse epidemic in Cuyahoga County 17 differed from Cuyahoga County's response to drug 18 use epidemics of past years, including, for 19 example, the abuse of crack? 20 A. I don't recall. 21 Q. You're not sure one way or another? 22 A. I was at Ohio University during the 23 crack epidemic. I can't answer that question. 24 Q. Well, based on all that you've 25 learned about substance abuse in this community</p> |
| <p style="text-align: right;">Page 263</p> <p>1 adolescents taking pills with the thought that, 2 "Well, it's legitimate, it's from a physician, 3 how could I become addicted or how could I be 4 into an overdose situation." 5 Q. We've seen in some of the materials 6 that the County has produced to us from the 7 Cuyahoga County Opiate Task Force that the 8 opioid abuse epidemic has largely impacted the 9 Caucasian community, maybe disproportionately 10 impacted the Caucasian community, relative to 11 other abuse epidemics. Is that your 12 understanding? 13 MR. SMITH: Objection; form. 14 A. Based upon information from 15 Dr. Gilson, yes. 16 Q. Has the fact that the opioid abuse 17 epidemic in Cuyahoga County disproportionately 18 impacted Caucasians had any impact on the way 19 that Cuyahoga County Board of Health, the 20 Cuyahoga County Opiate Task Force, or any other 21 entity within the County has addressed the 22 epidemic? 23 MR. SMITH: Objection; form. 24 A. Examples would be working with 25 collaborative members that are in schools. That</p> | <p style="text-align: right;">Page 265</p> <p>1 as head of the Cuyahoga County Opiate Task 2 Force, do you have any understanding about how, 3 for example, law enforcement's approach to 4 addressing the opioid abuse epidemic in Cuyahoga 5 County differs from the way law enforcement 6 approached the epidemic of crack abuse in 7 Cuyahoga County? 8 A. No, I do not. 9 Q. Do you know Thomas Tallman? 10 A. I do. 11 Q. Who is Dr. Tallman? 12 A. Dr. Tallman is a Metro employee. 13 Metro Health employee, I'm sorry. 14 Q. Do you know what he does? 15 A. Dr. Tallman oversees the correctional 16 facility for Cuyahoga County. 17 Q. Do you know Mr. Lou LaMarca? 18 A. No, I do not. 19 Q. We've had a lot of conversation 20 today, Mr. Caraffi, about prescription opioids, 21 and we've also talked about other forms of 22 opioids like heroin and fentanyl, right? 23 A. I didn't know if you asked me a 24 question. Yes. 25 Q. Is that a fair summary?</p> |

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1 A. Yes.

2 Q. Do you understand that there's a

3 difference between prescription opioid

4 medications and illegal street substances such

5 as heroin?

6 A. They're both opioids, but yes, I

7 understand that one is illicit and one is

8 manufactured through a company.

9 Q. Well, prescription opioid medications

10 are not only manufactured by companies, but they

11 are approved by the United States Food and Drug

12 Administration, right?

13 MR. SMITH: Objection; form.

14 A. I can't -- I don't know. I don't

15 know.

16 Q. Okay. So you have no knowledge one

17 way or another about whether or not prescription

18 opioid medications must be approved by the

19 United States Food and Drug Administration

20 before they're allowed for use?

21 MR. SMITH: Objection; form.

22 A. I may have been aware of that, but I

23 don't recall the last time. I don't recall when

24 that was given to me or when that information

25 was passed along.

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1 Q. Have you heard of the United States

2 Food and Drug Administration?

3 A. I -- yes.

4 Q. Do you know in your capacity as the

5 head of the Cuyahoga County Opiate Task Force --

6 A. Yes.

7 Q. -- and a longtime employee of CCBH

8 that one of the responsibilities of the Food and

9 Drug Administration is to review data and make

10 decisions about the approval of medications that

11 are available to the United States population?

12 A. I misspoke. Yes, I do.

13 Q. And do you know that prescription

14 opioid medications, when they are approved by

15 the Food and Drug Administration, are approved

16 for specific purposes or specific indications?

17 A. I do not know that.

18 Q. Have you ever reviewed the

19 FDA-approved labeling for any prescription

20 opioid medication?

21 A. No, I have not.

22 Q. Do you know whether the labeling for

23 FDA-approved prescription opioid medications

24 have always identified a potential risk of

25 addiction?

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1 MR. SMITH: Objection; form.

2 A. No, I do not.

3 Q. You don't know one way or another?

4 Go ahead.

5 A. Could you ask me the question again?

6 Q. I was just confirming you don't know

7 one way or another whether the labeling for

8 FDA-approved prescription opioid medications

9 includes and identifies a risk of possible

10 addiction.

11 A. I don't know one way or another.

12 Q. Do you know anything about the

13 approval process by which the Food and Drug

14 Administration reviews drug applications and

15 makes decisions?

16 A. No, I do not.

17 Q. Heroin, however, is not a

18 prescription opioid medication, correct?

19 A. That is correct.

20 Q. It's not made by any pharmaceutical

21 companies?

22 A. That is correct.

23 Q. It's not approved by the FDA for use?

24 A. That is correct.

25 Q. It's not dispensed by pharmacies?

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1 A. That is correct.

2 Q. And the same is true with respect to

3 carfentanil, right?

4 A. Correct.

5 Q. There's no legitimate medical reason

6 for an individual to have heroin or carfentanil,

7 right?

8 A. I would agree with you.

9 Q. And the same is true with respect to

10 illicit fentanyl or fentanyl analogs, correct?

11 MR. SMITH: Objection; form.

12 A. Did you say illicit fentanyl?

13 Q. I did.

14 A. Yes, I would agree with you.

15 Q. And are you aware that illicit

16 fentanyl has been introduced into the drug

17 market here by drug cartels and drug dealers?

18 A. From conversations with Dr. Gilson,

19 DEA, undercover narcotics officers, yes, I am

20 well aware of that.

21 Q. And from those conversations, are you

22 also aware that that fentanyl that's being

23 introduced is actually made outside of the

24 United States, largely in China and Mexico?

25 A. Through conversations with the DEA

| | |
|---|---|
| <p style="text-align: right;">Page 270</p> <p>1 and undercover narcotics officers, yes, I am.</p> <p>2 Q. Based on your knowledge from having</p> <p>3 had those conversations and your work on the</p> <p>4 Cuyahoga County Opiate Task Force, do you have</p> <p>5 an understanding about how individuals obtain</p> <p>6 these illicit substances like heroin, fentanyl,</p> <p>7 and carfentanil?</p> <p>8 A. Yes, I am aware of some examples.</p> <p>9 Q. How is that? What's your</p> <p>10 understanding?</p> <p>11 A. Much of this material can be</p> <p>12 purchased through the black market. It can also</p> <p>13 be purchased unfortunately through the internet</p> <p>14 and the U.S. Mail, and it is also purchased</p> <p>15 through individuals that are working for those</p> <p>16 organizations that would be considered cartels.</p> <p>17 Q. Fair to say that all of those forms</p> <p>18 of obtaining those substances would be illegal</p> <p>19 under the laws of the United States.</p> <p>20 A. I would agree.</p> <p>21 (DEPOSITION EXHIBIT 8 MARKED</p> <p>22 FOR IDENTIFICATION at 4:37 p.m.)</p> <p>23 Q. I've now marked an e-mail exchange as</p> <p>24 Exhibit 8.</p> <p>25 Actually, before I have you turn to</p> | <p style="text-align: right;">Page 272</p> <p>1 Q. Can you say roughly?</p> <p>2 A. In speaking with undercover law</p> <p>3 enforcement that was dedicated to heroin, I</p> <p>4 would probably say about 2014. My recollection</p> <p>5 states about 2014.</p> <p>6 Q. But you're not certain one way or</p> <p>7 another?</p> <p>8 A. I'm not certain one way or another</p> <p>9 based upon the fact that it may have been there</p> <p>10 in smaller levels prior to that date.</p> <p>11 Q. Do you know what the sources of black</p> <p>12 tar heroin are?</p> <p>13 A. Primarily from Mexico, is my</p> <p>14 understanding in conversations with the DEA.</p> <p>15 Q. Through drug cartels?</p> <p>16 A. Yes.</p> <p>17 Q. Have you ever heard of the Jalisco</p> <p>18 drug cartel?</p> <p>19 A. I have, after reading the book called</p> <p>20 "Dreamland."</p> <p>21 Q. Do you know if the Jalisco drug</p> <p>22 cartel has engaged in opioid-related activities</p> <p>23 within Cuyahoga County?</p> <p>24 A. I do not know.</p> <p>25 Q. Do you know if any other Mexican drug</p> |
| <p style="text-align: right;">Page 271</p> <p>1 this document, I had a couple questions I forgot</p> <p>2 to ask you.</p> <p>3 Do you know what black tar heroin is?</p> <p>4 A. I do. From conversations associated</p> <p>5 with local law enforcement, Dr. Ted Parran and</p> <p>6 Dr. Chris Delos Reyes, it's a different form of</p> <p>7 heroin, a sticky substance. There's also brown.</p> <p>8 Just the way that they actually would refer to</p> <p>9 it on the streets, so...</p> <p>10 Q. Do you know how and when black tar</p> <p>11 heroin was introduced within Cuyahoga County?</p> <p>12 A. I do not know that.</p> <p>13 Q. You don't know when or how, or is</p> <p>14 it -- that's a little bit of an unfair question</p> <p>15 from me because I asked you two things in the</p> <p>16 same question. So let me break it down a little</p> <p>17 bit.</p> <p>18 A. Could you break that down for me,</p> <p>19 please?</p> <p>20 Q. Yeah, sure thing.</p> <p>21 A. Thank you.</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 Q. Do you know when black tar heroin was</p> <p>24 introduced in Cuyahoga County?</p> <p>25 A. I don't recall a specific date.</p> | <p style="text-align: right;">Page 273</p> <p>1 cartels have engaged in opioid-related</p> <p>2 activities in Cuyahoga County?</p> <p>3 A. I do not know.</p> <p>4 Q. Who would we ask about that?</p> <p>5 A. I would say contact with Keith Martin</p> <p>6 for the DEA. He would be an advocate for that.</p> <p>7 I'm sure that Justin Herdman from the United</p> <p>8 States Department of Justice Northern Ohio would</p> <p>9 know that.</p> <p>10 Q. All right. Now let's turn to the</p> <p>11 document that I had marked as Exhibit 8. It's</p> <p>12 an e-mail from 2017, and I expect you're going</p> <p>13 to want to look at it if prologue is preface.</p> <p>14 But I'll just direct your attention</p> <p>15 to the fact that the e-mail chain was started by</p> <p>16 you on October 10th, 2017, and you sent this</p> <p>17 e-mail to quite a very long list of recipients.</p> <p>18 A. I'll read it real quick.</p> <p>19 Go ahead.</p> <p>20 Q. You've had a chance to look at this</p> <p>21 document now?</p> <p>22 A. I did.</p> <p>23 Q. And do you see that you started this</p> <p>24 e-mail chain, as I indicated, on October 10th,</p> <p>25 2017?</p> |

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1 A. Are you on 2009?

2 Q. It's on the second page of the

3 document. You have to get to before that very

4 long list of recipients. Do you see that?

5 A. I'm looking at this as I referred

6 this information from Dr. Gilson, is what I see.

7 Q. Mr. Caraffi, I'm going to ask you to

8 look at the second page of the document.

9 A. And the bottom number is 207?

10 Q. Correct. About one-third of the way

11 down that page you sent an e-mail on October

12 10th, 2017. Do you see that?

13 A. Okay.

14 Q. How did you select the list of

15 recipients to whom you sent this e-mail?

16 A. These are all task force members.

17 Q. These are all members of the Cuyahoga

18 County Opiate Task Force?

19 A. Some active, some not, yes.

20 Q. And you indicate in your e-mail that

21 you're passing along some information from

22 Dr. Gilson. You say:

23 "At the April task force meeting,

24 Tom -- is that Dr. Gilson?

25 A. It is.

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1 Q. -- "Tom indicated local data was

2 showing an increasing trend in the number

3 of overdose fatalities from

4 heroin/fentanyl, with no history of

5 overprescribing of pain medication."

6 Do you see that?

7 A. I do.

8 Q. Do you recall this exchange?

9 A. I recall the exchange.

10 Q. Do you recall the data that

11 Dr. Gilson had passed along that reflected a

12 trend of overdose fatalities in individuals with

13 no history of abusing prescription opioid

14 medications?

15 A. I recall sending that to him -- or

16 him sending that to me and me passing that

17 forward, yes.

18 Q. And you indicate there that it's

19 local data. That's in your first sentence.

20 What did you mean by local data?

21 A. Dr. Gilson indicated local data. Tom

22 indicated local data, is what I see.

23 Q. Yeah. Tom indicated local data was

24 showing a trend of overdose fatalities from

25 heroin and fentanyl in individuals who had no

Page 276

1 history of abusing prescription opioids, right?

2 A. Uh-huh.

3 Q. You've got to say yes or no.

4 A. Yes.

5 Q. And he indicated that the data that

6 this related to was local. Do you know what

7 that meant?

8 A. I do not.

9 Q. If you look at the "Results" section

10 of your e-mail...

11 MR. SMITH: It's Bates stamped 210?

12 MR. BOEHM: It's Bates stamped 48210,

13 yes.

14 A. Yes.

15 Q. At the end there of the "Results"

16 section, it says that in 2015, heroin was an

17 initiating opioid more frequently than

18 prescription opioid analgesics. Do you see

19 that?

20 A. I do.

21 Q. What is your understanding of what

22 that means?

23 A. I didn't write that report.

24 Q. Okay. Well, let me ask it this way:

25 Do you know what it meant when they talk about

Page 277

1 an initiating opioid?

2 A. The opioid that you had started your

3 substance abuse disorder on.

4 Q. So they're saying in 2015, heroin was

5 the first opioid that an individual had abused

6 more frequently than instances where a

7 prescription opioid medication was the first

8 opioid that the individual had abused, right?

9 MR. SMITH: Objection; form.

10 A. Yes, that's what this...

11 Q. Do you understand Cuyahoga County in

12 this lawsuit to somehow be claiming that the

13 defendants in this case are responsible for

14 overdoses of individuals who initiated opioid

15 abuse with heroin and did not first abuse

16 prescription opioid medications?

17 A. I do not know.

18 Q. Do you know whether Cuyahoga County

19 is somehow claiming that defendants are

20 responsible for individuals who overdosed who

21 didn't use a prescription opioid medication?

22 MR. SMITH: Objection; form.

23 A. I do not know.

24 Q. Do you know whether the County is

25 claiming the defendants are somehow responsible

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| <p style="text-align: right;">Page 278</p> <p>1 for overdoses of individuals who have never 2 abused prescription opioid medications, but 3 instead have only abused heroin or some other 4 opiate? 5 MR. SMITH: Objection; form. 6 A. I do not know. 7 Q. Can you sitting here today think of 8 any reason why defendants are responsible for 9 the overdoses of individuals who have never 10 abused prescription opioid medications? 11 MR. SMITH: Objection; form. 12 A. Based upon information of task force 13 members, there's a link between prescription 14 opioid medication, heroin abuse and fentanyl 15 abuse. 16 Q. I'm asking a slightly different 17 question. 18 A. You'll have to say it again, please. 19 Q. My question is whether you sitting 20 here today can think of any reason why 21 defendants are responsible for individuals who 22 have overdosed -- 23 A. The defendants being who? 24 Q. All the defendants that Cuyahoga 25 County has claimed share some responsibility.</p> | <p style="text-align: right;">Page 280</p> <p>1 Q. Yes, we're still looking at 2 Exhibit 8. 3 Do you see that Dr. Tallman responds 4 to your e-mail on the second page of Exhibit 8? 5 A. Yes. 6 Q. Dr. Tallman writes: 7 "I can also add that a significant 8 number of inmates I have screened for 9 Vivitrol medication-assisted treatment did 10 not have a history of opioid addiction 11 following a prescription for Percocet, 12 OxyContin, et cetera." 13 Do you see that? 14 A. I do. 15 Q. What did you understand Dr. Tallman 16 to be saying? 17 A. I don't know. 18 Q. You didn't have any way of 19 interpreting what he had said? 20 A. I don't know. 21 Q. Well, isn't he simply saying that 22 there's a significant number of inmates at the 23 Cuyahoga County jail who don't -- who are 24 eligible for opioid treatment, but have no 25 history of addiction to prescription opioids?</p> |
| <p style="text-align: right;">Page 279</p> <p>1 That's how I'm defining it. 2 Can you think of any reason why the 3 defendants in this lawsuit are somehow 4 responsible for the overdoses of individuals who 5 initiated their abuse of opioids with heroin or 6 some other illegal substance and have never 7 abused prescription opioid medications? 8 MR. SMITH: Objection; form. 9 A. Who are the defendants? 10 Q. The defendants are the identified 11 makers of prescription opioid medications and 12 others in the supply chain of those medications. 13 MR. SMITH: Objection; form. 14 A. Could you ask that question one more 15 time, please? 16 Q. Sure. Can you sitting here today 17 think of any reason why the defendants in this 18 case are responsible for the overdose of an 19 individual who never abused prescription 20 opioids? 21 MR. SMITH: Objection; form. 22 A. I do not know. 23 Q. If you go to the next e-mail up in 24 this chain... 25 A. Are we still on Exhibit 8?</p> | <p style="text-align: right;">Page 281</p> <p>1 MR. SMITH: Objection; form. 2 A. I do not know. 3 Q. Sitting here today, when you read the 4 plain language black and white on this document, 5 are you telling me you can't understand that? 6 MR. SMITH: Objection; form. 7 A. I do not know. 8 Q. Not my question. 9 Are you telling me as you sit here 10 today and you read Dr. Tallman's response to the 11 data that you had sent to him in October 2017, 12 you can't begin to comprehend it? 13 MR. SMITH: Objection; form. 14 A. No, I cannot. 15 Q. Okay. The final e-mail in the chain 16 is from Lou LaMarca. You indicated you don't 17 know exactly who Mr. LaMarca is, right? 18 A. I do not know Lou LaMarca. 19 Q. His e-mail address suggests that he 20 works at an entity called Community Assessment. 21 Do you see that? 22 A. I do. 23 Q. Do you know what that organization 24 is? 25 A. No, I do not.</p> |

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| <p style="text-align: right;">Page 282</p> <p>1 Q. In any event, he writes back in 2 response to these e-mails, and he says: 3 "This is consistent with what we are 4 seeing as well. It is rare for one of our 5 clients to have started with a medically 6 necessary opioid prescription." 7 Do you see that? 8 A. I do. 9 Q. So Mr. LaMarca, who is the clinical 10 director at the Community Assessment and 11 Treatment Services entity in Cleveland, 12 indicates that from his experience, it's rare 13 for a client to have started with a medically 14 necessary opioid prescription, correct? 15 A. That's what he's saying. 16 Q. Do you know what percentage of 17 individuals -- well, let me ask you this. 18 Do you have any reason to believe 19 that Mr. LaMarca is incorrectly characterizing 20 the population of opioid-addicted individuals in 21 Cuyahoga County? 22 MR. SMITH: Objection; form. 23 A. I do not know. 24 Q. Do you have any reason to believe 25 Mr. LaMarca is incorrectly characterizing the</p> | <p style="text-align: right;">Page 284</p> <p>1 opioids in Cuyahoga County initiated their abuse 2 through heroin, carfentanil, fentanyl, or some 3 other illegal opioid abuse? 4 MR. SMITH: Objection; form. 5 A. I do not know that answer. 6 Q. Are you aware of any statistics on 7 those questions? 8 MR. SMITH: Objection; form. 9 A. I'm not aware of any statistics on 10 the questions that you just asked me. 11 Q. Do you know what percentage of 12 individuals who have overdosed by abusing 13 opioids in Cuyahoga County initiated their abuse 14 through a medically necessary prescription 15 opioid medication? 16 A. I don't have that information. 17 Q. And for the record, you just flipped 18 through the slide deck from the Cuyahoga County 19 Opiate Task Force that you've used to describe 20 the epidemic in Cuyahoga County, a document 21 that's been marked as Exhibit 7, correct? 22 A. That is correct. 23 Q. Were you looking for information in 24 this slide deck that would allow you to answer 25 those questions?</p> |
| <p style="text-align: right;">Page 283</p> <p>1 opioid-addicted population in Cuyahoga County? 2 A. I do not know. 3 Q. Do you know what percentage of 4 individuals in Cuyahoga County who have 5 developed an addiction to opioids initiated 6 their abuse of opioids through a medically 7 necessary prescription from a licensed 8 physician? 9 A. I don't recall that information. 10 Q. Is that information you have ever 11 known? And I ask you because you say you cannot 12 recall. 13 A. I don't recall ever having that 14 information. 15 Q. Do you know what percentage of 16 individuals in Cuyahoga County who have 17 developed an addiction to opioids initiated 18 their abuse through illegally obtained 19 prescription opioids? 20 A. I don't recall that information. 21 Q. Do you know -- do you recall ever 22 having had that information? 23 A. No. 24 Q. Do you know what percentage of 25 individuals who have developed an addiction to</p> | <p style="text-align: right;">Page 285</p> <p>1 A. I do recall in the past having that 2 specific information or close to it from 3 Dr. Gilson's office. 4 Q. Okay. 5 A. But I don't have that in this 6 specific presentation. 7 Q. To be clear, my question to you is, 8 what percentage of individuals who overdosed on 9 opioid medications in Cuyahoga County initiated 10 their abuse through a medically necessary 11 prescription opioid? 12 Do you recall having that information 13 from Dr. Gilson? 14 MR. SMITH: Objection; form. 15 A. I recall that that information was 16 contained in the poison death review. 17 Q. Do you know how Dr. Gilson or others 18 at the Cuyahoga County Office of the Medical 19 Examiner went about trying to determine what 20 percentage of individuals who overdosed on 21 opioids had initiated their abuse of opioids 22 with a medically necessary prescription? 23 A. I recall it being part of the 24 toxicology screening that he does at an 25 overdose.</p> |

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| <p style="text-align: right;">Page 286</p> <p>1 Q. How would a toxicology screening at 2 the time of an overdose tell you what substance 3 that individual initiated with in terms of their 4 opioid abuse? 5 A. The medical examiner conducts a 6 thorough review, crime scene, and historical 7 background. That's how we got some of the 8 information for our poison death review. 9 Q. No. My question is, how would 10 toxicology results at the time of an overdose, 11 which tells you what substance is in the blood 12 at the time of the overdose, how would that give 13 you information about what substance was the 14 initiating substance of abuse? 15 A. It wouldn't. I looked at it from the 16 standpoint of more of a comprehensive review 17 that takes place when an overdose victim gets 18 taken down to the medical examiner's office. So 19 I misspoke on that. 20 Q. Okay. So are you aware of any 21 information about what percentage of individuals 22 who have overdosed by abusing an opioid in 23 Cuyahoga County initiated their abuse of opioids 24 through a medically necessary prescription? 25 A. I don't know.</p> | <p style="text-align: right;">Page 288</p> <p>1 not it would be possible to try and figure out 2 in Cuyahoga County what percentage of 3 individuals who ultimately overdose using 4 opioids initiated their abuse through 5 prescriptions for a legitimate medical need? 6 A. I cannot answer that. 7 Q. You don't know if that would be 8 possible or not? 9 A. I do not, no. 10 Q. Is that something that you or others 11 at the Cuyahoga County Board of Health or the 12 Cuyahoga County Opiate Task Force have ever 13 investigated? 14 A. Dr. Gilson, in the records that he 15 has, probably indicates some of those questions 16 that you had asked me, but I don't recall which 17 specific ones. 18 Q. When you say Dr. Gilson probably, are 19 you aware of any data along those lines, or are 20 you just thinking that Dr. Gilson might be able 21 to do that? 22 A. There are different variables that 23 Dr. Gilson pulls out of his death review data as 24 far as percentages of individuals who have died 25 per specific drug, historical perspective on an</p> |
| <p style="text-align: right;">Page 287</p> <p>1 Q. You're not aware of anything like 2 that? 3 A. I'm not aware of that. 4 Q. How about the percentage of 5 individuals who have overdosed on opioids who 6 initiated their abuse through prescription 7 opioid pills that were illegally obtained or 8 used? 9 A. I'm not aware of that information. 10 Q. And if I asked you what percentage of 11 individuals in Cuyahoga County who have 12 overdosed on opioids initiated their abuse 13 through heroin or some other illicit substance, 14 are you aware of any information about that? 15 MR. SMITH: Objection; form. 16 A. Dr. Gilson has information within his 17 presentation that are within this slide that 18 talks about numbers of people who have died and 19 the contributing drugs that have been found in 20 the toxicology screens. 21 Q. But I'm asking you about the 22 initiation of opioid abuse, and you can't 23 determine that from the tox screen, correct? 24 A. I can't answer that. 25 Q. Okay. Are you aware of whether or</p> | <p style="text-align: right;">Page 289</p> <p>1 individual's OARRS report, if I remember 2 correctly. So there are different factors. I 3 just don't recall which they are at this point 4 in time. 5 Q. Okay. As part of your 6 responsibilities as chair of the Cuyahoga County 7 Opiate Task Force and your role at the Cuyahoga 8 County Board of Health, do you have occasion to 9 review peer reviewed medical literature? 10 A. I do. 11 Q. Do you have occasion to review the 12 results of -- I'm sorry. Were you not done? 13 A. Can you hold off on that question so 14 we can take a break? 15 Q. Sure. 16 MR. BOEHM: Let's go off the record. 17 VIDEO TECHNICIAN: Off the record 18 5:02. 19 (Recess taken at 5:02 p.m.) 20 (Back on the record at 5:07 p.m.) 21 VIDEO TECHNICIAN: On the record 22 5:07. 23 BY MR. BOEHM: 24 Q. Welcome back, Mr. Caraffi. We off 25 the record discussed turning back to Exhibit 7,</p> |

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| <p style="text-align: right;">Page 290</p> <p>1 the Slide 7, the Cuyahoga County Opiate Task 2 Force presentation that you've used that 3 identifies contributing factors to opioid abuse 4 in the community. 5 Are there any contributing factors to 6 trends of opioid abuse or overdose in Cuyahoga 7 County that are not identified on the schematic 8 here in Exhibit 7 that we've been looking at or 9 that we have otherwise not already discussed 10 during your deposition here today? 11 A. Yes. 12 Q. What are those? 13 A. We've talked about stigma. Stigma's 14 a contributing factor. 15 Q. Okay. And we talked a little bit 16 about stigma earlier today, right? 17 A. We did. Stigma as it relates to 18 creating barriers, I think that we have a 19 historical view of substance abuse in this 20 country, and we look at it as a moral failure 21 and that stems back to many years ago. 22 So it's hard to break that stigma; 23 it's a key piece and a key contributing factor. 24 Q. Anything else? 25 A. Based upon Dr. Gilson's information,</p> | <p style="text-align: right;">Page 292</p> <p>1 I didn't mean to interrupt you, so... 2 Q. Oh, not at all. I appreciate you 3 adding that. Is there anything else that you 4 can think of? 5 A. Not that I can recall off the top of 6 my head today. 7 Q. Okay. 8 A. It's late in the day, right, and 9 talking about Eminem now. 10 Q. In what way do you believe that 11 childhood trauma and mental illness have 12 contributed materially to the trends of opioid 13 abuse, addiction, and overdose in Cuyahoga 14 County? 15 A. I can't give you specifics on the 16 numbers. I know a general percentage for mental 17 health based upon information from Ohio 18 Department of Health that about a third of the 19 individuals who die from an opioid overdose do 20 have a mental health illness. 21 And I can give you an example of what 22 I'm talking about; that, you know, a stepping 23 stone to addiction may be an individual who was 24 sexually abused her whole life or his life, and 25 their stepping stone to addiction is a coping</p> |
| <p style="text-align: right;">Page 291</p> <p>1 resurgence of cocaine use, so polypharmacy could 2 also be a contributing factor. 3 Some of the other things that we are 4 looking at as prevention measures is trauma or 5 mental health as it relates to individual's 6 stepping stones to substance abuse or opioid 7 epidemic. 8 I mentioned earlier the ACEs project, 9 so when you're looking at a child that 10 experiences adverse childhood experiences, 11 there's a high relationship or a percentage that 12 those individuals will come down with some form 13 of addiction. 14 So I think that those are a few 15 additional contributing factors that are not 16 mentioned necessarily in this slide, but further 17 on. 18 Q. Thank you. Let's talk about a couple 19 of those. I think we covered stigma, at least a 20 little bit, earlier today. 21 A. Can I add one more? 22 Q. Of course. 23 A. I would probably say lack of 24 knowledge and understanding about substance 25 abuse in general.</p> | <p style="text-align: right;">Page 293</p> <p>1 mechanism. 2 ACEs scores are there. Whether it 3 relates to substance abuse, whether it relates 4 to obesity, whether it relates to diabetes, it's 5 just a tool that's on the market to try and put 6 more preventative care towards an individual 7 before they become a substance abuser. That's 8 an example. 9 Q. Is it fair to say, based on 10 conversations you've had with experts on the 11 task force, that mental illness is a causal risk 12 factor for substance use disorder? 13 A. Yeah. For physicians who are 14 involved in substance abuse, mental health and 15 substance abuse usually goes hand in hand. 16 I think Dr. Gilson's information 17 would also reflect a number of individuals who 18 unfortunately die from an opioid overdose if 19 they have a history of mental health illness. 20 I'm sure that the ADAMHS board or 21 ADAMHS boards throughout Ohio have those numbers 22 as it relates to substance abuse and suicide and 23 mental health illness. 24 Q. You also indicated that there's been 25 a resurgence of cocaine use in Cuyahoga County.</p> |

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| <p style="text-align: right;">Page 294</p> <p>1 In what way has the resurgence of</p> <p>2 cocaine use in the county materially contributed</p> <p>3 to opioid abuse and opioid overdoses?</p> <p>4 A. Based upon information from</p> <p>5 Dr. Gilson and Keith Martin from the DEA and</p> <p>6 Jeff Capretto of the Westshore task force, we've</p> <p>7 seen an increase in deaths among African</p> <p>8 American males that have a polypharmacy with</p> <p>9 opioid abuse; fentanyl, opioids, a polypharmacy</p> <p>10 aspect of it.</p> <p>11 So we've seen a trend, an upward</p> <p>12 trend, in African American males that we haven't</p> <p>13 seen, and we are seeing too that that's also in</p> <p>14 Caucasian based upon Dr. Gilson's information.</p> <p>15 Cocaine is making a resurgence back here.</p> <p>16 Conversations with DEA, that's more</p> <p>17 of a business model approach that I don't</p> <p>18 understand it. You'd have to talk to Keith</p> <p>19 Martin about on why the cartels are doing that</p> <p>20 or Jeff Capretto. I don't have the knowledge on</p> <p>21 that.</p> <p>22 Q. Do you agree that drug cartels have</p> <p>23 added fentanyl to cocaine and that that has</p> <p>24 caused some overdose fatalities in the county?</p> <p>25 A. Based upon Tom's information, we do</p> | <p style="text-align: right;">Page 296</p> <p>1 medications?</p> <p>2 A. Yes. Regarding deaths?</p> <p>3 Q. Yes.</p> <p>4 A. Dr. Gilson has that information, yes.</p> <p>5 Q. And how do those compare?</p> <p>6 A. When we look at Exhibit 7 that you've</p> <p>7 handed me, if we go to Page 12 -- and it's a</p> <p>8 little difficult to see because it's not in</p> <p>9 color, but there's a breakdown of overdose</p> <p>10 deaths where you can see that there's cocaine,</p> <p>11 non-fentanyl-associated heroin deaths,</p> <p>12 fentanyl-related deaths, heroin, and</p> <p>13 non-fentanyl.</p> <p>14 There are other slides that I recall</p> <p>15 Dr. Gilson having that indicate opioids outside</p> <p>16 of fentanyl. I don't recall which slide that</p> <p>17 would be.</p> <p>18 That's Page 12, is what I'm looking</p> <p>19 at right now.</p> <p>20 Q. Page 12, and then if you -- this is</p> <p>21 Page 12 of Exhibit 7, right?</p> <p>22 A. Yes, that's what I'm looking at.</p> <p>23 Q. Okay. And if you actually look in</p> <p>24 the bottom right-hand corner of the slide</p> <p>25 itself, it says 18, so there's a little</p> |
| <p style="text-align: right;">Page 295</p> <p>1 see a mixture of cocaine and fentanyl. I can't</p> <p>2 speak on what the cartels are doing.</p> <p>3 Q. Have you also seen individuals who</p> <p>4 were abusing methamphetamines that had been cut</p> <p>5 by fentanyl and that resulted in an overdose</p> <p>6 fatality?</p> <p>7 A. I recall conversations with law</p> <p>8 enforcement within Cuyahoga County. Meth still</p> <p>9 hasn't made an impact here as it has in other</p> <p>10 counties in Ohio, so I can't really answer that.</p> <p>11 You'd have to ask local law enforcement.</p> <p>12 Q. When you say that meth hasn't made an</p> <p>13 impact, what do you mean by that?</p> <p>14 A. I think methamphetamine hasn't --</p> <p>15 one, it's a different animal. Local law</p> <p>16 enforcement here hasn't seen the distribution of</p> <p>17 meth in comparison to several of the other drugs</p> <p>18 that we have been talking about today --</p> <p>19 prescription opioids, heroin, or fentanyl --</p> <p>20 within Cuyahoga County. I can't speak upon</p> <p>21 other aspects of Ohio.</p> <p>22 Q. As of 2018, do you know how numbers</p> <p>23 of overdose fatalities related to cocaine</p> <p>24 compare with numbers of overdose fatalities</p> <p>25 related specifically to prescription opioid</p> | <p style="text-align: right;">Page 297</p> <p>1 discordance. Do you see that number 18 on the</p> <p>2 side there?</p> <p>3 A. I have a 12 on mine for some reason.</p> <p>4 Q. Let me just make sure that I'm</p> <p>5 looking at the same page you are.</p> <p>6 Yeah, that's the same. Okay. No,</p> <p>7 I'm good. Thank you.</p> <p>8 MR. SMITH: You must have a different</p> <p>9 copy.</p> <p>10 MR. BOEHM: That's okay. It's the</p> <p>11 same slide, it's the same information.</p> <p>12 Q. The cocaine line on this slide is the</p> <p>13 one that's marked by the small triangle, right?</p> <p>14 A. Bear with me, folks, as I'm trying to</p> <p>15 one-eye this here.</p> <p>16 Cocaine only is with the triangle.</p> <p>17 Q. And that total as of 2017 is 290</p> <p>18 overdose fatalities, right?</p> <p>19 A. That's correct, that's what I'm</p> <p>20 looking at on Dr. Gilson's information.</p> <p>21 Q. That's 290 out of a total of 727</p> <p>22 overdose fatalities for 2017 that are cocaine?</p> <p>23 A. If I remember correctly, if -- it</p> <p>24 would be dependent upon other individuals that</p> <p>25 he was still diagnosing. So what you're looking</p> |

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| <p style="text-align: right;">Page 298</p> <p>1 at, if you're looking at adding these numbers</p> <p>2 up, in some cases there's still toxicology</p> <p>3 screens that are going on, so -- but from</p> <p>4 looking at this slide, yes.</p> <p>5 Q. And then the small circle is the</p> <p>6 fentanyl, right?</p> <p>7 A. Yes.</p> <p>8 Q. So in 2017 in Cuyahoga County,</p> <p>9 fentanyl overdose deaths accounted for 492 of</p> <p>10 the total 727 overdose fatalities, right?</p> <p>11 A. Correct, from Dr. Gilson's</p> <p>12 information.</p> <p>13 Q. Do you know whether the number of</p> <p>14 prescription opioid-related overdose fatalities</p> <p>15 in 2017 was bigger or smaller than the 492</p> <p>16 related to fentanyl?</p> <p>17 A. Within this presentation, I do not</p> <p>18 know.</p> <p>19 Q. But just based on your knowledge from</p> <p>20 being the chair of the opiate task force, do you</p> <p>21 know the answer to that question?</p> <p>22 A. I recall that there is a slide that</p> <p>23 includes opioids, non-fentanyl or heroin. I</p> <p>24 just don't -- I don't have the number in the</p> <p>25 back of my head, but Dr. Gilson would have that</p> | <p style="text-align: right;">Page 300</p> <p>1 addicts tend to transition from abusing</p> <p>2 prescription opioid medications to using heroin,</p> <p>3 or whether they're abusing both interchangeably.</p> <p>4 But I'll give you a chance to take a look at it.</p> <p>5 A. Okay.</p> <p>6 Q. Do you see that?</p> <p>7 A. I do.</p> <p>8 Q. Dr. Gilson writes to you and others</p> <p>9 that the relationship between prescription</p> <p>10 painkillers and heroin remains poorly</p> <p>11 researched. Most information is anecdotal.</p> <p>12 Do you see that?</p> <p>13 A. I do.</p> <p>14 Q. Do you agree with those statements?</p> <p>15 A. I can't speak on behalf of</p> <p>16 Dr. Gilson.</p> <p>17 Q. I'm not asking you to do that, by no</p> <p>18 means. My question was whether or not you agree</p> <p>19 with those statements.</p> <p>20 A. I do not know.</p> <p>21 Q. You don't know whether you agree or</p> <p>22 not? How is it possible for you yourself not to</p> <p>23 know whether you agree with something?</p> <p>24 A. I can't speak on behalf of what he's</p> <p>25 saying.</p> |
| <p style="text-align: right;">Page 299</p> <p>1 information.</p> <p>2 Q. Do you agree that for the past</p> <p>3 several years in Cuyahoga County, the number of</p> <p>4 prescription opioid overdose fatalities has been</p> <p>5 dropping?</p> <p>6 A. Based upon Tom's information, yes. I</p> <p>7 can't give you a specific number.</p> <p>8 Q. Do you agree that the number of</p> <p>9 prescription opioid overdose fatalities over the</p> <p>10 last several years has actually been smaller</p> <p>11 than the number of cocaine-related overdose</p> <p>12 fatalities in Cuyahoga County?</p> <p>13 A. Based upon Tom's information, I would</p> <p>14 agree with you.</p> <p>15 (DEPOSITION EXHIBIT 9 MARKED</p> <p>16 FOR IDENTIFICATION at 5:20 p.m.)</p> <p>17 Q. I've marked the next document as</p> <p>18 Exhibit 9 for purposes of your deposition.</p> <p>19 You've been talking about Dr. Gilson,</p> <p>20 and he is on this e-mail.</p> <p>21 MR. BOEHM: Here you go, Scott.</p> <p>22 MR. SMITH: Thank you.</p> <p>23 Q. And this e-mail, as you'll see,</p> <p>24 responds to the circulation of a "New York</p> <p>25 Times" article on the question of whether opioid</p> | <p style="text-align: right;">Page 301</p> <p>1 Q. Do you agree with the statements that</p> <p>2 we just read in Dr. Gilson's e-mail that the</p> <p>3 relationship between prescription painkillers</p> <p>4 and heroin remains poorly researched and that</p> <p>5 most information is anecdotal?</p> <p>6 A. I don't recall reading the article</p> <p>7 that he is referring to, so I -- I don't know.</p> <p>8 Q. Whether you've read the article or</p> <p>9 not, I want to know whether or not you agree</p> <p>10 with the statements that Mr. Gilson wrote in</p> <p>11 this e-mail from February 12th, 2014 that the</p> <p>12 relationship between prescription painkillers</p> <p>13 and heroin remains poorly researched and that</p> <p>14 most information is anecdotal.</p> <p>15 I just want to know if you agree with</p> <p>16 that or not.</p> <p>17 A. I do not know.</p> <p>18 Q. You don't know whether you agree or</p> <p>19 not?</p> <p>20 A. I think there's more content to the</p> <p>21 e-mail than what you're reading, so I don't --</p> <p>22 Q. Whatever the content is of the</p> <p>23 e-mail, I'm just asking you whether or not you</p> <p>24 agree with the statements that Dr. Gilson has</p> <p>25 made here. You can say yes or no, I just want</p> |

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| <p style="text-align: right;">Page 302</p> <p>1 to know which way it is.</p> <p>2 A. I do not know.</p> <p>3 Q. You don't have a view one way or</p> <p>4 another?</p> <p>5 A. I don't have a view one way or</p> <p>6 another.</p> <p>7 Q. Have you ever looked into that</p> <p>8 question yourself of whether or not there's a</p> <p>9 relationship between prescription painkillers</p> <p>10 and the use of heroin?</p> <p>11 A. Any information I received on that</p> <p>12 specific question would be in relation to</p> <p>13 conversations that I've had with other</p> <p>14 individuals that are on the task force.</p> <p>15 Q. Okay. And have those conversations</p> <p>16 you've had with other experts or individuals on</p> <p>17 the Cuyahoga County Opiate Task Force given you</p> <p>18 an opinion about whether or not the relationship</p> <p>19 between prescription painkillers and heroin is</p> <p>20 poorly researched?</p> <p>21 A. I don't recall ever having a</p> <p>22 conversation with individuals about this being</p> <p>23 poorly researched.</p> <p>24 Q. Do you agree that most information</p> <p>25 about whether there is a relationship between</p> | <p style="text-align: right;">Page 304</p> <p>1 is that there is a relationship between</p> <p>2 prescription painkillers and heroin.</p> <p>3 A. Uh-huh.</p> <p>4 Q. So given the fact that you're not an</p> <p>5 epidemiologist and you cannot answer the</p> <p>6 question about whether that relationship is</p> <p>7 based mostly on anecdotal information, what is</p> <p>8 the basis of your belief that there is a</p> <p>9 relationship between prescription painkillers</p> <p>10 and heroin abuse?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I think there's enough information</p> <p>13 within Dr. Gilson's reports to show that. I</p> <p>14 think there's enough information from the Ohio</p> <p>15 Department of Health to show that crisis</p> <p>16 throughout Ohio, and also from personal</p> <p>17 conversations with individuals who have lost</p> <p>18 loved ones.</p> <p>19 Q. Okay. The personal conversations</p> <p>20 you've had with individuals who have lost loved</p> <p>21 ones you would agree are anecdotal?</p> <p>22 A. As they speak about their dead loved</p> <p>23 one? I think it's more than anecdotal.</p> <p>24 Q. Well, you understand what the term</p> <p>25 "anecdotal" means, don't you?</p> |
| <p style="text-align: right;">Page 303</p> <p>1 prescription painkillers and heroin is</p> <p>2 anecdotal?</p> <p>3 MR. SMITH: Objection; form.</p> <p>4 A. Based upon the relationships that I</p> <p>5 have with individuals that are part of the task</p> <p>6 force who have lost loved ones with the</p> <p>7 connection between prescription pain medication</p> <p>8 and heroin, I believe there is a connection</p> <p>9 between the two.</p> <p>10 Q. That's not my question, although I'm</p> <p>11 interested in that and I'm going to ask you</p> <p>12 about that.</p> <p>13 My question is whether or not you</p> <p>14 agree that the relationship or whether there's a</p> <p>15 relationship between prescription painkillers</p> <p>16 and heroin is mostly based on anecdotal</p> <p>17 information.</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. I can't answer that question.</p> <p>20 Q. Why can't you answer that question?</p> <p>21 Is it because you don't know the answer?</p> <p>22 A. I don't know the answer to that. I'm</p> <p>23 not an epidemiologist, nor have I ever looked at</p> <p>24 that research.</p> <p>25 Q. And yet you stated that your own view</p> | <p style="text-align: right;">Page 305</p> <p>1 A. Yes.</p> <p>2 Q. So nobody's diminishing in any way</p> <p>3 the tragedy of somebody losing somebody. By no</p> <p>4 means nobody is doing that.</p> <p>5 A. I --</p> <p>6 Q. But I'm asking you -- and I'm not</p> <p>7 trying to play around. I'm asking you about the</p> <p>8 term "anecdotal," and you know what that means.</p> <p>9 And my question is, do you agree that</p> <p>10 having conversations with individuals is not a</p> <p>11 rigorous way to determine whether or not there's</p> <p>12 a statistically valid relationship between two</p> <p>13 substances and the abuse of those substances.</p> <p>14 Do you agree?</p> <p>15 A. I would agree it's anecdotal, but</p> <p>16 information from the Ohio Department of Health,</p> <p>17 information from Dr. Gilson's office shows a</p> <p>18 clear relationship between the misuse of</p> <p>19 prescription medication and heroin and fentanyl.</p> <p>20 Q. And are you talking about, when you</p> <p>21 refer to Dr. Gilson's work, the County's poison</p> <p>22 death review?</p> <p>23 A. I'm talking about the information</p> <p>24 that he puts together on a monthly basis. I'm</p> <p>25 talking about the information that individual</p> |

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| <p style="text-align: right;">Page 306</p> <p>1 conversations that I've had with Dr. Chris 2 Delos Reyes, Ted Parran, individuals who are 3 addictionologists that are experts in the field 4 that can tell you that individuals -- a stepping 5 stone to heroin addiction or fentanyl abuse, 6 there is a relationship to prescription pain 7 medication. 8 Q. The information that Dr. Gilson and 9 his office put together on a monthly basis, is 10 that related to the County Poison Death Review 11 Committee or is that some other analysis? 12 A. It's related to the information 13 that's contained in Exhibit Number 7 -- 14 Q. Right, but I'm asking you about the 15 Poison Death Review Committee. Do you know what 16 that is? 17 A. I do, and it's not necessarily a 18 committee. Dr. Gilson actually shares his 19 monthly death data. He shares it with, on a 20 quarterly basis, the United States Department of 21 Justice, he shared it when Steve Dettelbach was 22 there, he shared it when Carole Rendon was 23 there. He shares it now with Justin Herdman. 24 We take that information and also share it with 25 our task force.</p> | <p style="text-align: right;">Page 308</p> <p>1 Death Review Committee, where we are trying 2 to get good information beyond anecdotal 3 observations, supports both possibilities." 4 A. At that point in time, we were still 5 meeting. 6 Q. Okay. But setting aside whether you 7 were meeting or not, you see that Dr. Gilson is 8 saying that information from the County's Poison 9 Death Review Committee supports the possibility 10 that there is a connection between prescription 11 painkillers and heroin, and it supports the 12 possibility that there is not a connection 13 between prescription opioid medications and 14 heroin. Do you see that? 15 A. I do see that. 16 Q. Do you have any reason to believe 17 that Dr. Gilson messed up when he wrote that? 18 MR. SMITH: Objection; form. 19 A. I have no reason to believe that one 20 way or another. 21 Q. He goes on to say that there had been 22 a dramatic rise in heroin mortality in the last 23 few years. Do you see that? 24 It's just the next sentence. 25 A. I put it up here.</p> |
| <p style="text-align: right;">Page 307</p> <p>1 We originally started a poison death 2 review, but unfortunately the number of people 3 that were dying was taking up a large amount of 4 time. We decided to kind of step away from 5 meeting at that point in time just because of 6 the struggles that were taking place here 7 locally. 8 So the information was still be 9 tabulated, Dr. Gilson still shares that 10 information. We just had to step away from 11 meeting. It took too much time. 12 Q. Okay. Whether you want to call it a 13 committee or not, you see that Dr. Gilson refers 14 to it as a committee, right? 15 A. At that point in time, yes. 16 Q. This is February 2014? 17 A. Uh-huh. 18 Q. Do you believe that the committee has 19 been disbanded? 20 A. Yeah. We have not met on a quarterly 21 basis as we did initially, but the information 22 is still shared. 23 Q. Dr. Gilson wrote in February 2014 24 that: 25 "Information from the County Poison</p> | <p style="text-align: right;">Page 309</p> <p>1 Yes, I see that. 2 Q. And that's in 2014. So he's saying 3 that several years before 2014, Cuyahoga County 4 had seen a rise in heroin-related overdose 5 mortality, right? 6 A. I'm not able to determine what 7 Dr. Gilson is saying. This is his e-mail. I 8 don't know. I don't know the answer to that. 9 Q. Well, as head of the opiate task 10 force for Cuyahoga County, when did Cuyahoga 11 County begin to see a dramatic rise in heroin 12 mortality? 13 A. I think we talked about this already. 14 It was 2014 or 2015 is when we talked about 15 that. 16 Q. You think that Cuyahoga County didn't 17 see a dramatic rise in heroin mortality until 18 2014 or 2015? Is that your testimony? 19 And I'll just for the record remind 20 you, sir, that in February 2014, Dr. Gilson 21 stated that the county had seen a dramatic rise 22 in heroin mortality in the last few years. 23 Do you remember my question? 24 A. I see heroin -- I think it starts 25 here with 2013, but I'm having a hard time</p> |

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| <p style="text-align: right;">Page 310</p> <p>1 seeing that.</p> <p>2 Q. You have turned, and so the record</p> <p>3 should reflect, to Slide 7 of Exhibit 7. I</p> <p>4 didn't ask you to turn there, but you turned</p> <p>5 there, and you found that the graph that is</p> <p>6 reflected on that particular slide starts with</p> <p>7 2013, right?</p> <p>8 This graph does not reflect pre-2013</p> <p>9 data, right?</p> <p>10 A. Correct.</p> <p>11 Q. Okay. But my question is simply</p> <p>12 this: Taking into account that Dr. Gilson has</p> <p>13 stated in February 2014 that there had been a</p> <p>14 dramatic rise in heroin mortality in the last</p> <p>15 few years, what is your view as chair of the</p> <p>16 Cuyahoga County Opiate Task Force about when the</p> <p>17 county began to see a dramatic rise in heroin</p> <p>18 mortality?</p> <p>19 A. Based upon Tom's information, I would</p> <p>20 have to say 2013 from looking at this document</p> <p>21 right here.</p> <p>22 Q. So you interpret him when he says</p> <p>23 "last few years" to mean one single year, or do</p> <p>24 you mean -- do you interpret him to mean last</p> <p>25 few years?</p> | <p style="text-align: right;">Page 312</p> <p>1 Q. And so do you interpret Mr. Gilson's</p> <p>2 e-mail from February 2014 to mean that there had</p> <p>3 been a dramatic rise in heroin mortality at</p> <p>4 least as early as 2012?</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 A. I can't interpret Dr. Gilson's</p> <p>7 information.</p> <p>8 Can we take a break real quick?</p> <p>9 Q. Of course.</p> <p>10 VIDEO TECHNICIAN: Off the record</p> <p>11 5:36.</p> <p>12 (Recess taken at 5:36 p.m.)</p> <p>13 (Back on the record at 5:58 p.m.)</p> <p>14 VIDEO TECHNICIAN: Back on the record</p> <p>15 5:58, Media 5, Caraffi deposition.</p> <p>16 BY MR. BOEHM:</p> <p>17 Q. Mr. Caraffi, who are the members of</p> <p>18 the Cuyahoga County Poison Death Review</p> <p>19 Committee?</p> <p>20 A. From my recollection, it was</p> <p>21 Dr. Gilson; Rose Allen (ph), Roseanne Allen.</p> <p>22 There were some members that were on and off. I</p> <p>23 think Judge Matia sat in, Molly Leckler,</p> <p>24 Dr. Delos Reyes. There was a representative</p> <p>25 from the city of Cleveland law enforcement, I</p> |
| <p style="text-align: right;">Page 311</p> <p>1 MR. SMITH: Objection; form.</p> <p>2 A. I can't recall.</p> <p>3 Q. Have you ever used the term "last few</p> <p>4 years" to refer to one year?</p> <p>5 A. I don't recall.</p> <p>6 MR. SMITH: Objection; form.</p> <p>7 Q. Do you think a more reasonable</p> <p>8 interpretation of the words "last few years" is</p> <p>9 that it means at least multiple years?</p> <p>10 A. I don't recall.</p> <p>11 Q. I'm not asking you to recall</p> <p>12 anything. I'm asking you whether or not you --</p> <p>13 A. I can't answer your question one way</p> <p>14 or another.</p> <p>15 Q. You've got to wait till I'm done.</p> <p>16 I'm not asking you to recall</p> <p>17 anything. I'm asking you about your</p> <p>18 understanding of the English language and</p> <p>19 whether or not you understand that "last few</p> <p>20 years" means more than one. Do you understand</p> <p>21 that?</p> <p>22 A. Ask me the question again.</p> <p>23 Q. Do you understand that the words</p> <p>24 "last few years" means more than one year?</p> <p>25 A. Yes.</p> | <p style="text-align: right;">Page 313</p> <p>1 don't recall the name; Jeff Capretto from WEB</p> <p>2 undercover narcotics.</p> <p>3 That's all I recall right now.</p> <p>4 Q. Thank you. For what years did the</p> <p>5 Cuyahoga County Poison Death Review Committee</p> <p>6 meet?</p> <p>7 A. My recollection, I want to say it was</p> <p>8 2012, 2013, and maybe 2014.</p> <p>9 Q. Do I understand correctly that your</p> <p>10 best memory is that the Cuyahoga County Poison</p> <p>11 Death Review Committee met from 2012 to 2014?</p> <p>12 A. I include in those dates the building</p> <p>13 aspect of this, the conversations with</p> <p>14 Dr. Gilson, conversations with members of Ohio</p> <p>15 Department of Health. I don't -- I don't recall</p> <p>16 the specifics as far as dates.</p> <p>17 Q. When you say the building aspects, do</p> <p>18 you mean the efforts to get the Poison Death</p> <p>19 Review Committee up and running?</p> <p>20 A. I do, and I can give you examples.</p> <p>21 I was working with an individual who</p> <p>22 worked at the Ohio Department of Health at that</p> <p>23 point in time, and this was in the infancy</p> <p>24 stages of Ohio's recognition of their problem.</p> <p>25 We were trying to come up with different ways</p> |

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| <p style="text-align: right;">Page 314</p> <p>1 and means to identify the trends for the opioid 2 epidemic.</p> <p>3 One of the ideas that came up is a 4 poison death review, very similar to a child 5 mortality review, which is used as a ways and 6 means to track infant mortality, unexpected 7 deaths for children that are less than one year.</p> <p>8 So part of that, that building, was 9 trying to gain consensus amongst individuals who 10 had the capabilities to be there, who would have 11 knowledge on issues associated with substance 12 abuse, who would have knowledge on a historical 13 perspective on an individual if they had a 14 mental health illness, and that took time. In 15 addition to that, trying to come up and work 16 with what criteria you're going to put on that 17 specific form as you're looking for trends so 18 that you can build some type of analysis.</p> <p>19 And my recollection, what we were 20 trying to do is gather information from other 21 agencies that have done this type of work. That 22 would mean counties like ourselves who has a 23 child fatality review, and that took time to get 24 that situated and find people with not only the 25 experience, but also had the availability of</p> | <p style="text-align: right;">Page 316</p> <p>1 Mr. McNamee?</p> <p>2 A. My recollection, it would have to be 3 somewhere about 2011 or 2012.</p> <p>4 Q. So this was sometime after the Ohio 5 Prescription Drug Abuse Task Force, established 6 by Governor Ted Strickland in 2010, had 7 finalized its report and recommendations, 8 correct?</p> <p>9 A. It was following the published 10 report, yes.</p> <p>11 Q. I'm going to mark as Exhibit 10 for 12 purposes of your deposition a document from the 13 Cuyahoga County Board of Health entitled 14 "Drug-Related Emergency Room Visits January 1 to 15 September 30th, 2016."</p> <p>16 (DEPOSITION EXHIBIT 10 MARKED 17 FOR IDENTIFICATION at 6:04 p m.)</p> <p>18 MR. SMITH: Thank you.</p> <p>19 A. Thank you.</p> <p>20 Q. I'll give you a second to look at the 21 document. And when you've had a chance to do 22 that, would you just let me know whether or not 23 this document is familiar to you.</p> <p>24 A. I will.</p> <p>25 (Off the written record.)</p> |
| <p style="text-align: right;">Page 315</p> <p>1 working or meeting as often as we were.</p> <p>2 If my recollection serves me 3 correctly, we were meeting monthly. And we've 4 all looked at the data that surround the table. 5 Trying to fit in 700 deaths at the same time 6 while you have other responsibilities was quite 7 difficult.</p> <p>8 Q. You indicated you had had discussions 9 with somebody from the Ohio Department of 10 Health --</p> <p>11 A. Yes.</p> <p>12 Q. -- about this?</p> <p>13 A. Yes.</p> <p>14 Q. Who was that individual?</p> <p>15 A. His name is Cameron McNamee.</p> <p>16 Q. Can you spell the last name?</p> <p>17 A. I can't off the top of my head. He 18 no longer works for the Ohio Department of 19 Health.</p> <p>20 Q. Do you know when he stopped working 21 at ODH?</p> <p>22 A. I can't recall when he stopped 23 working at ODH.</p> <p>24 Q. In what year did you have this 25 discussion that you're remembering with</p> | <p style="text-align: right;">Page 317</p> <p>1 A. Yes, I am familiar with this 2 document.</p> <p>3 Q. Did you help in the preparation of 4 this document?</p> <p>5 A. I can't answer that. I don't recall 6 working on this specific document.</p> <p>7 Q. Who would have been involved in the 8 preparation of this document?</p> <p>9 A. Chris Kippes.</p> <p>10 Q. Anybody else?</p> <p>11 A. I'm trying to remember the name of 12 the -- I don't recall the name of the other 13 individual who worked for Chris, who was an 14 epidemiologist who worked on this. That 15 individual no longer works for us.</p> <p>16 Q. Would Ms. Leppla have had any 17 involvement either in terms of the authorship or 18 review of this particular document?</p> <p>19 A. In 2016, yes.</p> <p>20 Q. And would you have reviewed this 21 document before it was finalized?</p> <p>22 A. Yes.</p> <p>23 Q. The title of the document, as I 24 indicated, is "Drug-Related Emergency Room 25 Visits from January to September 2016."</p> |

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| <p style="text-align: right;">Page 318</p> <p>1 What do you understand to be</p> <p>2 encompassed by the term "drug-related emergency</p> <p>3 room visits"?</p> <p>4 A. All local boards of health have</p> <p>5 access to EpiCenter. EpiCenter is a database</p> <p>6 that is used to track infectious disease. The</p> <p>7 intent of EpiCenter was put in place more from</p> <p>8 a -- it was put in place more from a terrorism</p> <p>9 standpoint to ensure that we have massive</p> <p>10 surveillance in case there's some type of</p> <p>11 outbreak like anthrax.</p> <p>12 But in addition to that, it also</p> <p>13 gives us an opportunity to track Class A</p> <p>14 reportable diseases; flu, other diseases,</p> <p>15 measles, things that public health needs to</p> <p>16 understand so that we can have a quick response.</p> <p>17 That's what EpiCenter is.</p> <p>18 So this report is based off of</p> <p>19 information that comes from all emergency rooms</p> <p>20 within Cuyahoga County. That information is all</p> <p>21 downloaded into EpiCenter. Local boards of</p> <p>22 health have access to EpiCenter.</p> <p>23 Q. Okay. Thank you for that</p> <p>24 explanation.</p> <p>25 In your view as longtime chair of the</p> | <p style="text-align: right;">Page 320</p> <p>1 sense of when those individuals are being</p> <p>2 admitted to the emergency room. You can get a</p> <p>3 percentage of which days there's more activity</p> <p>4 as far as individuals being transported to the</p> <p>5 emergency room.</p> <p>6 You can also use the information, if</p> <p>7 you go to Page 4, if you're looking at it from</p> <p>8 the standpoint of zip codes. This is considered</p> <p>9 a heat map which has given us an indication of</p> <p>10 which emergency rooms have the most activity</p> <p>11 based upon the individuals who are being</p> <p>12 presented in an overdose.</p> <p>13 The problem that you get into with a</p> <p>14 report like this is -- if you stay on Page 4 and</p> <p>15 you go up to "Drug Category" -- this is 2016.</p> <p>16 If you looked at the slides that are in the deck</p> <p>17 pertaining to 2016, you're going to see that we</p> <p>18 had a large increase in fentanyl as far as</p> <p>19 overdose.</p> <p>20 The problem with this report is</p> <p>21 emergency room departments don't have the</p> <p>22 capabilities to test for fentanyl. What happens</p> <p>23 is somebody may arrive, and the emergency squad</p> <p>24 or the individual says this person OD'd. Maybe,</p> <p>25 you know, they see some prescription pills.</p> |
| <p style="text-align: right;">Page 319</p> <p>1 Cuyahoga County Opiate Task Force, is the</p> <p>2 utilization of data in EpiCenter useful in terms</p> <p>3 of trying to understand opioid abuse or overdose</p> <p>4 trends?</p> <p>5 A. I think there are pluses and minuses</p> <p>6 to this document, and I can walk you through</p> <p>7 that.</p> <p>8 Q. Well, let's start with my question,</p> <p>9 and then --</p> <p>10 A. I'm sorry. Go ahead.</p> <p>11 Q. -- I'll let you follow up.</p> <p>12 My question right now is whether or</p> <p>13 not in your view the utilization of data from</p> <p>14 the EpiCenter system is useful in terms of</p> <p>15 understanding the nature and scope of opioid</p> <p>16 abuse and overdose in the community.</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. Yes and no.</p> <p>19 Q. Okay. And why do you say yes and no?</p> <p>20 A. I'll explain that to you.</p> <p>21 From the value standpoint, you can</p> <p>22 get good demographic information. If you turn</p> <p>23 to Page 3 of the report, demographic information</p> <p>24 is always helpful.</p> <p>25 If you turn to Page 2, you get a</p> | <p style="text-align: right;">Page 321</p> <p>1 When you looked at this and you look</p> <p>2 at 2016, you could probably see -- you know,</p> <p>3 that's when heroin, you know, we started seeing</p> <p>4 some dips in heroin.</p> <p>5 So the problem is when you're looking</p> <p>6 at this from a data standpoint -- and I'm not an</p> <p>7 epidemiologist, but if it's 2 o'clock in the</p> <p>8 morning and an intake nurse, EMS comes in and</p> <p>9 they say OD, that nurse is putting in OD.</p> <p>10 Doesn't define what it truly is. There is some</p> <p>11 work that is going on on a statewide basis to</p> <p>12 improve this.</p> <p>13 When we went down the road of trying</p> <p>14 to use this tool -- I'm not an epidemiologist,</p> <p>15 but we had to build out the capacity to pick up</p> <p>16 identifiers in that line item, so if there was</p> <p>17 "opioid," "opiate," "Oxy," "OxyContin,"</p> <p>18 "heroin," "cocaine," you've got to pick up</p> <p>19 everything from misspelled words.</p> <p>20 So it was a -- from a data</p> <p>21 standpoint, if the data coming in isn't clear,</p> <p>22 it's very difficult to get that data out on the</p> <p>23 back end. So there are some unique identifiers</p> <p>24 that ODH is trying to put in place so that we</p> <p>25 can use EpiCenter as a better ways and means of</p> |

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1 tracking substance abuse or opioid abuse.
 2 Q. All right. Sticking with Page 4 of
 3 the report, the "Drug Category" section that you
 4 referenced describes various categories of drugs
 5 that are reported to have been associated with
 6 emergency room visits, correct?
 7 A. Using information from emergency
 8 rooms are put into EpiCenter based upon -- and I
 9 don't remember the correct data term -- those
 10 indicators or qualifiers. This is what we got
 11 out of that data, yes.
 12 Q. Is it your understanding that the
 13 percentages that are calculated and reflected in
 14 this Cuyahoga County Board of Health document
 15 from 2016 are based on actual toxicology
 16 analyses that are performed in the emergency
 17 room?
 18 A. No. From my understanding, the
 19 individuals -- it's -- the capabilities of an
 20 emergency room to test for a fentanyl or a
 21 fentanyl analog are not there. I think those
 22 are some of the difficulties.
 23 I'm not aware of which emergency
 24 rooms do blood draws or anything like that, so
 25 what I tried to explain to you is when somebody

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1 comes in, you know, it's -- EMS drops somebody
 2 off, on the bus, individual, "What happened?"
 3 "They OD'd." "Okay." I got an OD that came in
 4 on Friday night at 1:30 in the morning.
 5 If that's all the information that
 6 the nurse is provided or the intake individual,
 7 that's all they get. So I can't really -- I
 8 can't answer your question. I'm not an
 9 emergency room intake specialist.
 10 Q. Okay. With respect to the data
 11 that's reflected here on Page 4 of this
 12 document, the emergency room visits are being
 13 categorized by drug, correct?
 14 A. Uh-huh.
 15 Q. Do you know how it is that -- or what
 16 data are being used to classify or categorize an
 17 emergency room visit on a drug-by-drug basis?
 18 A. Yeah. As I said before, if we go
 19 across fields, if you're picturing it on an
 20 Excel spreadsheet, you have male, age, date of
 21 birth, weight, race, and then there's a field of
 22 the visit. That field could encompass all
 23 different types of variables.
 24 Q. My question I think is a little bit
 25 more narrow.

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1 A. Okay.
 2 Q. Do you know how these emergency room
 3 visits are categorized on a drug-by-drug basis
 4 for purposes of calculating the numbers that are
 5 reflected here on Page 4 of your CCBH report?
 6 A. As I said before, we put up -- we
 7 went through and we scrubbed the information
 8 that we'd get from EpiCenter to go through the
 9 data and pick up different things -- opiate,
 10 opioid, OD, cocaine, heroin, polypharmacy --
 11 that's how we got this.
 12 EpiCenter itself just has -- I think
 13 it's -- I want to say it's just drug abuse.
 14 Q. I see. So when you say we went
 15 through the EpiCenter data to make these
 16 calculations, do you mean individuals at CCB?
 17 A. Primarily Chris Kippes and one of his
 18 staff that was an epidemiologist.
 19 Q. And they looked at the records to try
 20 to refine or improve the drug categorizations?
 21 A. How do I explain this for you?
 22 They put together the protocols that
 23 have some type of search engine that can
 24 generate this data. So what you're going to
 25 get -- let's say, for instance, you might have a

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1 four-year-old child that comes in and it says OD
 2 acetaminophen. I think there are some
 3 clarifying points in this towards the end that
 4 give you included and excluded cases that might
 5 answer your question a little bit better.
 6 Q. Here it says under the table itself
 7 that "The drug category with the number and
 8 corresponding percent of times, it is mentioned
 9 in chief complaint data of ER visits in Cuyahoga
 10 County for the time period at issue," right?
 11 A. Right.
 12 Q. So these are drugs that were
 13 mentioned in the chief complaint data of the
 14 emergency room visit. Is that right?
 15 A. Correct.
 16 Q. And these data reflect that in this
 17 nine-month period in 2016, heroin-only overdoses
 18 amounted to 62 percent approximately of the
 19 total number of drug-related emergency room
 20 visits in Cuyahoga County, right?
 21 A. That's what this document says.
 22 Q. And it says that "opioid general"
 23 accounts for approximately 23 percent, just shy
 24 of 23 percent of total drug-related emergency
 25 room visits, right?

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| <p style="text-align: right;">Page 326</p> <p>1 A. Correct.</p> <p>2 Q. And then you get to cocaine. That's</p> <p>3 next on the list, right?</p> <p>4 A. Uh-huh.</p> <p>5 Q. Yes?</p> <p>6 A. Yes. I said yes. I'm sorry, I'll</p> <p>7 speak louder.</p> <p>8 Q. And then polysubstance is the next on</p> <p>9 the list?</p> <p>10 A. Correct.</p> <p>11 Q. And then after you get to</p> <p>12 polysubstance, the next on the list is</p> <p>13 prescription opioids, and that amounts to just</p> <p>14 under 3 percent of the total drug-related</p> <p>15 emergency room visits in Cuyahoga County from</p> <p>16 January to September 2016, correct?</p> <p>17 A. That's what this document says, yes.</p> <p>18 Q. And you had indicated that perhaps</p> <p>19 there was some difficulty in accounting for</p> <p>20 illicit fentanyl-related emergency room visits.</p> <p>21 Did I understand that correctly?</p> <p>22 A. You are correct.</p> <p>23 Q. What is the nature of the difficulty</p> <p>24 in accounting for emergency room visits that are</p> <p>25 related to illicit fentanyl?</p> | <p style="text-align: right;">Page 328</p> <p>1 Enforcement Agency in the context of controlled</p> <p>2 substances?</p> <p>3 A. I do not know.</p> <p>4 Q. You indicated that they can</p> <p>5 investigate licensed physicians, correct?</p> <p>6 A. I did, from a recollection from a</p> <p>7 presentation that was conducted by Keith Martin</p> <p>8 and one of his staff.</p> <p>9 Q. Do you agree that the DEA has always</p> <p>10 had and continues to have a legal obligation to</p> <p>11 investigate the small fraction of physicians who</p> <p>12 use their DEA registration to commit criminal</p> <p>13 acts or otherwise violate the Controlled</p> <p>14 Substances Act?</p> <p>15 A. I would agree with you.</p> <p>16 Q. Do you know whether the Drug</p> <p>17 Enforcement Agency applies a greater level of</p> <p>18 scrutiny to the prescribing of controlled</p> <p>19 substances to treat pain as compared to the</p> <p>20 treatment of other ailments?</p> <p>21 A. I do not know that.</p> <p>22 Q. Do you agree that the amount of --</p> <p>23 I'm sorry, I'll say that from the start.</p> <p>24 Do you agree that the amount of</p> <p>25 dosage units per prescription is not itself a</p> |
| <p style="text-align: right;">Page 327</p> <p>1 A. From my conversations with</p> <p>2 Dr. Gilson, I think one of the hard things to</p> <p>3 determine in this crisis is if you don't have</p> <p>4 the resources of technology to test for</p> <p>5 fentanyl, you don't pick it up.</p> <p>6 An example would be I think in the</p> <p>7 state -- in the state of Ohio, your coroner</p> <p>8 might not have the resources that Cuyahoga</p> <p>9 County has to actually do toxicological screens</p> <p>10 to indicate what analog it is, what drug it was.</p> <p>11 So what I mentioned to you is when we</p> <p>12 look at fentanyl, the reasons why you see</p> <p>13 fentanyl in these numbers is probably a</p> <p>14 statement that came in that was given to that</p> <p>15 intake nurse that was put on the chief complaint</p> <p>16 log.</p> <p>17 Q. We had a very short conversation</p> <p>18 earlier today about the United States Drug</p> <p>19 Enforcement Agency. Do you remember that?</p> <p>20 I don't mean do you remember every</p> <p>21 word, but do you remember that we --</p> <p>22 A. We've had several references to the</p> <p>23 DEA, yes.</p> <p>24 Q. What is your understanding about the</p> <p>25 responsibilities of the United States Drug</p> | <p style="text-align: right;">Page 329</p> <p>1 basis for the DEA to investigate the</p> <p>2 overwhelming majority of licensed physicians?</p> <p>3 A. I do not know that.</p> <p>4 Q. Would you defer to statements from</p> <p>5 the Drug Enforcement Agency itself on that</p> <p>6 subject?</p> <p>7 A. I don't recall ever hearing any of</p> <p>8 that within a conversation or presentations that</p> <p>9 Keith did that I attended.</p> <p>10 Q. So you don't know one way or another.</p> <p>11 A. I do not.</p> <p>12 Q. Do you know what the term "aggregate</p> <p>13 production quota" refers to in the context of</p> <p>14 the United States Drug Enforcement Agency's</p> <p>15 regulation of controlled substances?</p> <p>16 A. No, I do not.</p> <p>17 Q. Have you ever heard about the DEA</p> <p>18 setting an annual quota for the amount of</p> <p>19 prescription opioid medications that can be</p> <p>20 manufactured in the United States?</p> <p>21 A. I don't recall ever hearing that.</p> <p>22 Q. Is sitting here today in this</p> <p>23 deposition the first time you've ever heard</p> <p>24 that, as far as you can recall?</p> <p>25 A. As far as I recall, yes.</p> |

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| <p style="text-align: right;">Page 330</p> <p>1 Q. Do you know what the role of</p> <p>2 wholesale drug distributors is in the delivery</p> <p>3 of healthcare in the United States?</p> <p>4 A. No, I do not.</p> <p>5 Q. Do you have a view about whether or</p> <p>6 not wholesale drug distributor companies are</p> <p>7 responsible in any way for opioid abuse or</p> <p>8 opioid overdoses in Cuyahoga County?</p> <p>9 A. I do not have --</p> <p>10 MR. SMITH: Objection; form.</p> <p>11 A. I do not have a view on that.</p> <p>12 Q. In your capacity as the chair of the</p> <p>13 Cuyahoga County Opiate Task Force, in your</p> <p>14 communications with the experts in this area,</p> <p>15 have you ever heard anybody say to you that</p> <p>16 wholesale drug distributors are somehow</p> <p>17 responsible for opioid abuse or overdose trends</p> <p>18 in Cuyahoga County?</p> <p>19 A. I have never heard that.</p> <p>20 Q. Have you ever heard of Cardinal</p> <p>21 Health?</p> <p>22 A. I have heard of Cardinal Health.</p> <p>23 Q. Do you know anything about the</p> <p>24 company?</p> <p>25 A. What I know about the company is they</p> | <p style="text-align: right;">Page 332</p> <p>1 Department of Health Injury Prevention Grant.</p> <p>2 Do you remember that?</p> <p>3 A. Injury coordinator?</p> <p>4 Q. Yeah. Am I misstating it? Is it not</p> <p>5 the director of the grant? How would you state</p> <p>6 it?</p> <p>7 A. I say injury prevention coordinator.</p> <p>8 Q. So Ms. Leppla was the injury</p> <p>9 prevention coordinator in connection with the</p> <p>10 Ohio Department of Health Injury Prevention</p> <p>11 Grant. Is that a good characterization?</p> <p>12 A. Yes.</p> <p>13 Q. And Ms. Vince was hired to replace</p> <p>14 Ms. Leppla when Ms. Leppla left, right?</p> <p>15 A. Correct.</p> <p>16 Q. You probably said this earlier today,</p> <p>17 but I've already forgotten.</p> <p>18 If you could, remind me, please, of</p> <p>19 when Ms. Vince was put into that position?</p> <p>20 MR. SMITH: Objection; form.</p> <p>21 A. It was in the beginning of 2018. My</p> <p>22 recollection tells me that it wasn't a start</p> <p>23 date of January 1st based upon a delay in our</p> <p>24 board, which was a logistical issue.</p> <p>25 Q. Okay.</p> |
| <p style="text-align: right;">Page 331</p> <p>1 have offered grants to some collaborative</p> <p>2 partners on the local level and also on the</p> <p>3 state level as it relates to prevention</p> <p>4 education.</p> <p>5 They've partnered with Dr. -- I want</p> <p>6 to say it's Dr. Hale from the Ohio State</p> <p>7 University School of Pharmacy to set up a</p> <p>8 training program as it relates to prescription</p> <p>9 medication based upon individual groups --</p> <p>10 seniors, middle-aged, youth -- prevention</p> <p>11 programs. That's all I know about Cardinal</p> <p>12 Health.</p> <p>13 Q. Have you ever heard of McKesson?</p> <p>14 A. I have not.</p> <p>15 Q. Have you ever heard of</p> <p>16 AmerisourceBergen?</p> <p>17 A. I have not.</p> <p>18 Q. Are you aware of any specific</p> <p>19 misconduct on the part of Cardinal Health,</p> <p>20 McKesson, or AmerisourceBergen, or any other</p> <p>21 wholesale drug distributors in Cuyahoga County?</p> <p>22 A. I am not.</p> <p>23 Q. Earlier today we talked about the</p> <p>24 hiring of Ms. Vince to be Ms. Leppla's</p> <p>25 replacement as the director of the Ohio</p> | <p style="text-align: right;">Page 333</p> <p>1 (DEPOSITION EXHIBIT 11 MARKED</p> <p>2 FOR IDENTIFICATION at 6:26 p.m.)</p> <p>3 Q. This is a document I've marked as</p> <p>4 Exhibit 11 for purposes of our deposition today,</p> <p>5 and I'll represent that this document was</p> <p>6 produced to us by Cuyahoga County in connection</p> <p>7 with this lawsuit.</p> <p>8 And do you see that it's a</p> <p>9 January 16th, 2018 memo about a meeting that you</p> <p>10 had with Najeebah Shine and Annie Dunham?</p> <p>11 A. I do remember the document.</p> <p>12 Q. Have you seen this document before?</p> <p>13 A. I have.</p> <p>14 Q. This document is in relation to the</p> <p>15 selection of April Vince to be the injury</p> <p>16 prevention coordinator for the Ohio Department</p> <p>17 of Health grant. Is that correct?</p> <p>18 A. It's more than that, but yes, that's</p> <p>19 a part of it.</p> <p>20 Q. That's part of it.</p> <p>21 As I understand it, and I'm</p> <p>22 interested in your perspective, the selection</p> <p>23 process came down to two candidates; Ms. Vince</p> <p>24 and Ms. Gray. We referenced her earlier today,</p> <p>25 and Ms. Gray has a new last name, right?</p> |

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1 A. Ms. Karns.
2 Q. Ms. Karns. And you favored Ms. Karns
3 for the position over Ms. Vince, correct?
4 A. What I explained to you today is our
5 human resources department is an open process.
6 When we went through the three individuals who
7 were scoring, that name was not put in place at
8 that point in time. It wasn't sent to the
9 board.
10 My discussion with Rick Novickis, he
11 asked me to rethink the situation. I went back,
12 thought about the situation, and came back to
13 him and made a decision to choose April over
14 Becky.
15 Q. Was that before or after you had this
16 meeting in January 2018?
17 MR. SMITH: Can I just have an
18 objection to this line of questioning --
19 MR. BOEHM: Sure.
20 MR. SMITH: -- regarding this topic.
21 We've gone over it once and I think we
22 objected before.
23 MR. BOEHM: You can have a standing
24 objection on that.
25 MR. SMITH: Thank you.

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1 Q. My question was whether or not your
2 revisiting of who should be selected for the
3 position of injury prevention coordinator
4 occurred before or after your January 16th
5 meeting that's reflected in this document that's
6 marked as Exhibit 11.
7 A. Could you restate the question for me
8 real quick?
9 Q. Yeah. You indicated that you had
10 rethought after talking to Mr. Novickis --
11 A. Right.
12 Q. -- who ought to be selected for the
13 position of injury prevention coordinator.
14 My question to you is whether or not
15 that rethinking that you did occurred before or
16 after your January 16th, 2018 meeting that is
17 reflected here in Exhibit 11.
18 A. It was before.
19 Q. On January 16th, 2018, you told
20 Ms. Shine and Ms. Dunham -- and if you look at
21 the second page, first full paragraph, second
22 sentence, it says:
23 "Vince stated that he picked Becky
24 for the position because her score was
25 around .5 higher than April's."

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1 Do you see that?
2 A. I do.
3 Q. Okay. And then it says:
4 "Vince stated that he talked with
5 Rick Novickis about the position. Vince
6 told Rick that he picked Becky for the
7 program manager position. Rick told Vince
8 that Chris Kippes would be 'pissed.'"
9 Do you see that?
10 A. I do.
11 Q. Is this all accurate?
12 A. Yes.
13 Q. So was your conversation with
14 Mr. Novickis about the appropriate candidate for
15 this job of injury prevention coordinator about
16 how Mr. Kippes might react?
17 A. From what I recall, Mr. Novickis
18 asked me to come to his office after a
19 conversation that he had with human resources.
20 That's when we had the conversation when he
21 mentioned that Mr. Kippes would be pissed.
22 Q. What is your understanding as to why
23 Mr. Kippes would be pissed -- and I'm quoting
24 that term -- about the selection of Becky over
25 April?

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1 A. I can't answer that.
2 Q. Did anybody ever explain that to you?
3 A. Not in this process, no.
4 Q. Did Mr. Novickis?
5 A. No, he did not.
6 Q. Why was human resources involving
7 itself at this point? Was that in relation to
8 the sexual harassment allegations that had been
9 made against you by Mr. Kippes?
10 MR. SMITH: Objection; form.
11 A. Human resource is involved in the
12 hiring of individuals, promoting individuals.
13 We went through the -- this went through the
14 human resources process. That's why they're
15 involved.
16 Q. Did the allegations of sexual
17 harassment against you have any impact on the
18 hiring of Ms. Vince for the position of injury
19 prevention coordinator?
20 MR. SMITH: Objection; form.
21 A. I don't understand your question.
22 Q. Well, let's just look at the language
23 here.
24 A. Go ahead and ask me the question
25 again.

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| <p style="text-align: right;">Page 338</p> <p>1 Q. It says here in the next to last 2 paragraph on Page 2: 3 "Vince stated that 'The idea that we 4 have a professional woman and the stuff he 5 said about me outside of the sexual 6 harassment is pretty poor. You can go back 7 to my personnel file, it is clean.'" 8 Do you see that? 9 A. Yes. 10 Q. And you indicated earlier today that 11 Mr. Kippes had alleged that you had sexually 12 harassed women, right? 13 A. Correct, that's -- 14 MR. SMITH: Objection; form. 15 A. Correct, that's what this is about. 16 Q. But it also says that he apparently 17 said stuff about you outside of the sexual 18 harassment. 19 A. Yes, he did. 20 Q. What else did he say about you? 21 MR. SMITH: Objection; form. 22 A. I think he said that I was difficult 23 to work with. I think he also said that I was 24 hard to get along with. That's my 25 understanding, and I think that's contained in</p> | <p style="text-align: right;">Page 340</p> <p>1 conversation and Becky's conversation, that they 2 didn't find he met any qualifications for sexual 3 harassment. It was his word against Becky's 4 word. 5 Q. Which women at CCBH did Chris Kippes 6 allege you had harassed? 7 A. I have no idea. 8 Q. Did he allege that you had harassed 9 Becky? 10 MR. SMITH: Objection; form. 11 A. I don't know what he said. 12 Q. So your testimony here under oath 13 today is that you have never known and never 14 asked which individuals Mr. Kippes alleged you 15 harassed? 16 A. I never asked human resources that, 17 no. 18 Q. And they never told you? 19 A. And they never told me. From my 20 understanding in my conversations with them 21 after they went about and did their review, that 22 anything that comes out of a human resources 23 investigation is confidential between the 24 individual and human resources. 25 Q. It appears from this document that</p> |
| <p style="text-align: right;">Page 339</p> <p>1 here. 2 Q. What were the specific instances of 3 sexual harassment that Mr. Kippes alleged had 4 taken place? 5 MR. SMITH: Objection; form. 6 A. I'm not sure where he came up with 7 that. 8 Q. You're not aware of the specific 9 instances that he alleged had taken place? 10 A. There are none. I don't know where 11 he came up with that. 12 Q. Whether there were or not, I'm 13 talking about his allegations. 14 Are you aware of what specific 15 instances of sexual harassment Mr. Kippes 16 alleged? 17 MR. SMITH: Objection; form. 18 A. No, I am not. 19 Q. Did you ever ask? 20 A. I do my best to keep my relationships 21 with Chris as a working level. I don't ask him 22 those questions. 23 I went through the process that was 24 afforded to me through human resources. Human 25 resources basically said that between his</p> | <p style="text-align: right;">Page 341</p> <p>1 you also filed a human resources complaint 2 against Mr. Kippes, correct? 3 A. I did. 4 Q. What was the basis of your complaint 5 against Mr. Kippes? 6 A. Was that he said that about me, and 7 that's what I just explained to you, is they 8 went through their process, whatever that 9 process is, and they felt that from the 10 information that they obtained from Becky and 11 the information that they obtained from Chris, 12 that there was no documented proof that he ever 13 really said sexual harassment. 14 Q. You've indicated that you had never 15 asked and HR never told you which individuals 16 you allegedly had sexually harassed. 17 Did you ever ask anybody else at CCBH 18 outside of human resources? 19 A. I -- maybe Amy Dunham. I never -- I 20 never sexually harassed anyone at my office. 21 Q. I understand. I understand your 22 point on that. 23 I'm asking you about whether or not 24 you asked anybody at CCBH other than folks at 25 human resources which individuals Mr. Kippes had</p> |

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| <p style="text-align: right;">Page 342</p> <p>1 alleged you had harassed.</p> <p>2 MR. SMITH: Objection; form.</p> <p>3 A. I spoke with Becky Karns about this.</p> <p>4 She approached me.</p> <p>5 Q. What did you and Becky discuss?</p> <p>6 A. I went back -- following the decision</p> <p>7 on who received the position, I was responsible</p> <p>8 to go back and tell Becky she didn't get the</p> <p>9 job.</p> <p>10 When I went back to touch base with</p> <p>11 Becky, we started talking, and at that point in</p> <p>12 time she became upset, as contained in here, is</p> <p>13 when she told me what had happened.</p> <p>14 So Becky is not a program manager.</p> <p>15 Becky was interested in applying for the job.</p> <p>16 Becky went to human resources. Human resources</p> <p>17 said, "Well, the way that you go about doing</p> <p>18 that is you talk to your direct supervisor."</p> <p>19 Her direct supervisor is Chris Kippes. His</p> <p>20 structure over in Epi and surveillance at that</p> <p>21 point in time, there are no supervisors. It's a</p> <p>22 direct line between his field staff, program</p> <p>23 managers, and Chris Kippes.</p> <p>24 When Becky went in to tell Chris is</p> <p>25 when Chris became a little bit upset and</p> | <p style="text-align: right;">Page 344</p> <p>1 What was the result of the human</p> <p>2 resources complaint that you made against</p> <p>3 Mr. Kippes?</p> <p>4 A. I think I've already mentioned that.</p> <p>5 So the results of their investigation</p> <p>6 basically determined that from what Chris had</p> <p>7 said and Becky said, that they felt that he</p> <p>8 improperly treated Becky by talking to her that</p> <p>9 way and preventing her from taking an</p> <p>10 opportunity for a promotion, but they felt that</p> <p>11 what he said about me wasn't enough to justify</p> <p>12 any response.</p> <p>13 Q. Was any action taken against</p> <p>14 Mr. Kippes?</p> <p>15 A. I was told that from a human</p> <p>16 resources standpoint, that whatever comes out of</p> <p>17 that decision is kept confidential. I would be</p> <p>18 afforded the same confidentiality. So I'm not</p> <p>19 aware what happened. I haven't continued to</p> <p>20 pursue it. It's at this point in time water</p> <p>21 underneath the bridge.</p> <p>22 Q. Got it. On your final page, you have</p> <p>23 a couple statements I wanted to ask you about.</p> <p>24 First of all, in the first bullet</p> <p>25 point, you say that there's awareness that Becky</p> |
| <p style="text-align: right;">Page 343</p> <p>1 mentioned those things to Becky. So when I went</p> <p>2 to tell her that she didn't get the job and she</p> <p>3 had asked me why, this all came out.</p> <p>4 Q. Okay. So you had already made the</p> <p>5 decision that April and not Becky was going to</p> <p>6 get the job of injury prevention coordinator</p> <p>7 before you learned that Mr. Kippes had warned</p> <p>8 Becky about what it might be like to work with</p> <p>9 you?</p> <p>10 A. Yes.</p> <p>11 Q. Okay.</p> <p>12 A. April had already received the</p> <p>13 position before I had talked to Becky. That's</p> <p>14 why I was talking to Becky.</p> <p>15 Q. Did Becky withdraw from consideration</p> <p>16 for this position?</p> <p>17 A. April had already got the position.</p> <p>18 Q. Okay.</p> <p>19 A. She couldn't withdraw. It was</p> <p>20 already posted.</p> <p>21 Q. You indicated on the next to last</p> <p>22 page that you viewed this as serious enough that</p> <p>23 an apology was not enough, you know what needs</p> <p>24 to happen. That's right in the middle of the</p> <p>25 page.</p> | <p style="text-align: right;">Page 345</p> <p>1 has filed a complaint. Do you know against whom</p> <p>2 Becky filed a complaint?</p> <p>3 A. What -- are you on the last page?</p> <p>4 Q. I'm on the very last page of the</p> <p>5 document.</p> <p>6 A. My last page does not have --</p> <p>7 MR. SMITH: Here's the last page.</p> <p>8 Q. Oh, I'm so sorry. You're right, I</p> <p>9 apologize. I missed that.</p> <p>10 A. Can you ask the question again?</p> <p>11 Q. I meant the next to last page, the</p> <p>12 first bullet point. It says awareness --</p> <p>13 there's reflection of awareness that Becky had</p> <p>14 filed a complaint. Do you know against who?</p> <p>15 MR. SMITH: Objection; form.</p> <p>16 A. She filed a complaint against Chris</p> <p>17 Kippes.</p> <p>18 Q. I see. On the final page -- and this</p> <p>19 is the real final page of this document -- the</p> <p>20 second to last paragraph states:</p> <p>21 "Vince stated that he never felt</p> <p>22 there was a lot of support from the senior</p> <p>23 leadership team for the opiate program."</p> <p>24 Do you see that?</p> <p>25 A. I do.</p> |

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| <p style="text-align: right;">Page 346</p> <p>1 Q. Did I read that correctly?</p> <p>2 A. You did.</p> <p>3 Q. Who is the senior leadership team</p> <p>4 that you had in mind when you said that?</p> <p>5 A. I think that the comment that I felt</p> <p>6 at the point in time when this was going on was</p> <p>7 a little amped up.</p> <p>8 The way that I look at that statement</p> <p>9 is, we do a lot of programmatic activity at the</p> <p>10 Cuyahoga County Board of Health, and I felt as</p> <p>11 an individual who worked within that program</p> <p>12 that there should have been more support from</p> <p>13 senior leadership.</p> <p>14 Q. In what ways do you believe that</p> <p>15 senior leadership at Cuyahoga County Board of</p> <p>16 Health could have and should have shown more</p> <p>17 support?</p> <p>18 A. I guess I would base it upon the</p> <p>19 standpoint we always talk about it being a</p> <p>20 data-driven organization, and I think there was</p> <p>21 enough data out there that talked about this</p> <p>22 epidemic that we maybe could have received some</p> <p>23 of the support -- or same support as we did for</p> <p>24 infant mortality, which is an important issue</p> <p>25 for the child lead poisoning program, which are</p> | <p style="text-align: right;">Page 348</p> <p>1 itself, sitting here today in 2019, when you</p> <p>2 look back, shares some blame for the levels of</p> <p>3 opioid abuse and overdoses that have occurred</p> <p>4 within the county?</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 A. I think when I look -- when I look</p> <p>7 back, there's a learning curve on any public</p> <p>8 health issue. Whether it's childhood lead</p> <p>9 poisoning, whether it's addressing a new</p> <p>10 zoonotic disease, whether it's addressing</p> <p>11 obesity or childhood obesity, it all takes time.</p> <p>12 I think looking back, other things</p> <p>13 that maybe we could have done better I'm sure if</p> <p>14 I dug into it we could find. I think that, you</p> <p>15 know, you always want to be a better person at</p> <p>16 the end of the year than you were at the</p> <p>17 beginning of the year.</p> <p>18 We've put a lot of effort into what</p> <p>19 we've done here locally, and I think you're</p> <p>20 starting finally to see some of that pay off</p> <p>21 with the most recent death data that's come out.</p> <p>22 I think you can say that across Ohio.</p> <p>23 Are we responsible? I can't answer</p> <p>24 that statement.</p> <p>25 I told you before that the way I look</p> |
| <p style="text-align: right;">Page 347</p> <p>1 all important issues.</p> <p>2 When I sit back and I reflect upon</p> <p>3 this, you know, at this point in time, you know,</p> <p>4 it takes time, it takes an understanding.</p> <p>5 There's always room for improvement. There's</p> <p>6 always room for evaluation and improvement.</p> <p>7 So the way that I look at it now</p> <p>8 compared to when this was written, maybe it was</p> <p>9 a little heated back when this actually took</p> <p>10 place.</p> <p>11 Q. Okay. But just in terms of the</p> <p>12 substance of that statement.</p> <p>13 A. The substance of that statement came</p> <p>14 out of a very difficult time.</p> <p>15 Q. You didn't make it up, though, right?</p> <p>16 I mean, you believed it when you said it?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. As I mentioned to you before, it came</p> <p>19 out of a very heated time.</p> <p>20 Q. Well, whether it came out of a heated</p> <p>21 time or not, did you make it up or did you</p> <p>22 believe it?</p> <p>23 A. I can't recall how I felt when I made</p> <p>24 that statement.</p> <p>25 Q. Do you believe that Cuyahoga County</p> | <p style="text-align: right;">Page 349</p> <p>1 at this as far as my role, my role as a</p> <p>2 facilitator, for what I could do as a supervisor</p> <p>3 from the Cuyahoga County Board of Health, and</p> <p>4 that's building consensus amongst individuals</p> <p>5 who had an invested stake in trying to do</p> <p>6 something different.</p> <p>7 Q. I actually wanted to ask you about</p> <p>8 that, just a couple last questions about the</p> <p>9 Cuyahoga County Opiate Task Force and your</p> <p>10 chairmanship.</p> <p>11 You indicated that you had stepped</p> <p>12 down in -- or you were no longer in that</p> <p>13 position as of the fall of 2018 due to personal</p> <p>14 health issues.</p> <p>15 Were there any other factors that</p> <p>16 were involved in you vacating the position of</p> <p>17 chairman?</p> <p>18 A. As I mentioned to you earlier, I have</p> <p>19 been battling some health issues for the past</p> <p>20 two years.</p> <p>21 Q. I'm asking if there's anything else.</p> <p>22 I already -- I got that part.</p> <p>23 A. No, there's nothing else.</p> <p>24 Q. Has anybody on behalf of Cuyahoga</p> <p>25 County Board of Health or the task force</p> |

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1 suggested that you step down at any time?

2 A. No. That was my own personal choice.

3 Q. Who is the chair now?

4 A. Starting in 2018, there was a change

5 in Ohio revised code. That Ohio revised code

6 change asked ADAMHS board in Ohio to become more

7 involved with the opioid epidemic.

8 Q. So who's the chair now?

9 A. I'm getting to that. I'm trying to

10 explain it to you.

11 Q. I just want to know who the chair is.

12 A. There's a co-chair between Beth

13 DeJesus of the ADAMHS board and April Vince from

14 my office.

15 MR. BOEHM: Thank you. Let's go off

16 the record.

17 VIDEO TECHNICIAN: Off the record

18 6:49.

19 (Recess taken at 6:49 p m.)

20 (Back on the record at 6:54 p m.)

21 VIDEO TECHNICIAN: On the record

22 6:54.

23 EXAMINATION

24 BY MS. FEINSTEIN:

25 Q. Good evening, Mr. Caraffi. I am

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1 Wendy West Feinstein. I introduced myself to

2 you earlier. I am going to bypass the niceties

3 because we're short on time, but I just have a

4 few questions for you from the perspective of

5 the manufacturers who are defendants in this

6 litigation.

7 You have not read the complaint. Is

8 that right?

9 A. I have not.

10 Q. Do you know what pharmaceutical

11 manufacturers are named as defendants by

12 Cuyahoga County in this litigation?

13 A. No, I do not.

14 Q. Do you know the identity of any

15 pharmaceutical manufacturers who manufacture

16 prescription opioids?

17 A. No, I do not.

18 Q. Have you ever heard of Allergan?

19 A. No, I have not.

20 Q. Do you know whether Allergan

21 manufactures prescription opioids?

22 A. I'm not familiar with Allergan, if

23 I'm saying that correctly. I'm sorry, Wendy.

24 Q. Oh, that's all right.

25 Have you ever heard of Cephalon?

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1 A. I've never heard of Cephalon, no.

2 Q. Do you know whether Cephalon

3 manufactures prescription opioids?

4 A. I'm not able to tell you anything

5 about Cephalon.

6 Q. Have you ever heard of Endo?

7 A. No.

8 Q. Do you know whether Endo manufactures

9 prescription opioids?

10 A. No, I do not.

11 Q. Have you ever heard of Insys?

12 A. No, I have not.

13 Q. Do you know whether Insys

14 manufactures prescription opioids?

15 A. I've never heard of Insys.

16 Q. Have you ever heard of Janssen?

17 A. No, I have not.

18 Q. Do you know whether Janssen

19 manufactures prescription opioids?

20 A. No, I do not.

21 I'm sorry. I'm just starting to lose

22 my voice.

23 Q. That's all right. Do you need some

24 water?

25 A. No. Let's rock and roll.

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1 Q. Have you ever heard of Johnson &

2 Johnson?

3 A. I have heard of Johnson & Johnson.

4 Q. Do you know whether Johnson & Johnson

5 manufactures prescription opioids?

6 A. I am not aware of Johnson & Johnson

7 manufacturing prescription opioids.

8 Q. Have you ever heard of Mallinckrodt?

9 A. I have not heard of Mallinckrodt.

10 Q. Do you know whether Mallinckrodt

11 manufactures prescription opioids?

12 A. I've never heard of -- I'm not aware

13 of Mallinckrodt manufacturing prescription

14 opioids.

15 Q. Have you ever heard of Purdue?

16 A. I have heard of Purdue.

17 Q. Do you know whether Purdue

18 manufactures prescription opioids?

19 A. I do recollect that I know that

20 Purdue manufactures prescription opioids.

21 Q. Do you know which prescription


22 opioids are manufactured by Purdue?

23 A. I do not.

24 Q. Have you ever heard of Teva?

25 A. I have never heard of Teva.

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|---|---|
| <p style="text-align: right;">Page 354</p> <p>1 Q. And you don't know whether Teva is a</p> <p>2 manufacturer of prescription opioids. Is that</p> <p>3 right?</p> <p>4 A. I'm not aware of Teva's role.</p> <p>5 Q. Are you familiar with any of the</p> <p>6 claims against any of the manufacturers that I</p> <p>7 just listed?</p> <p>8 A. No, I am not.</p> <p>9 Q. Do you have any personal knowledge of</p> <p>10 anything that any of those manufacturers have</p> <p>11 done wrong in Cuyahoga County?</p> <p>12 MR. SMITH: Objection; form.</p> <p>13 A. No, I do not.</p> <p>14 Q. Do you have any personal knowledge of</p> <p>15 any misrepresentations or omissions made by any</p> <p>16 of those companies that I've just listed?</p> <p>17 MR. SMITH: Objection; form.</p> <p>18 A. No, I do not.</p> <p>19 Q. Do you have any personal knowledge of</p> <p>20 any agreement between or among any of those</p> <p>21 manufacturers that I just listed?</p> <p>22 MR. SMITH: Objection; form.</p> <p>23 A. No, I do not.</p> <p>24 Q. My co-counsel asked you some</p> <p>25 questions earlier about the FDA and the FDA's</p> | <p style="text-align: right;">Page 356</p> <p>1 A. I have from probably a personal</p> <p>2 standpoint, personal use standpoint.</p> <p>3 Q. And you're aware that prescription</p> <p>4 opioids have the risk of addiction associated</p> <p>5 with them, right?</p> <p>6 A. I am aware of that.</p> <p>7 Q. And do you know whether the risk of</p> <p>8 addiction is included in the FDA-approved</p> <p>9 package insert or label for prescription</p> <p>10 opioids?</p> <p>11 MR. SMITH: Objection; form.</p> <p>12 A. I don't recall that.</p> <p>13 Q. Have you ever heard of risk</p> <p>14 evaluation and mitigation strategies, or REMS,</p> <p>15 with respect to prescription opioids?</p> <p>16 A. I recall a standpoint of speaking</p> <p>17 with an individual many years ago on REMS, and</p> <p>18 it was a very simple conversation. Then that's</p> <p>19 all I recall, but I've heard of REMS.</p> <p>20 Q. And do you know that the REMS program</p> <p>21 is FDA-approved?</p> <p>22 A. I do recall having a conversation</p> <p>23 about that being an FDA program, but not with</p> <p>24 enough knowledge to really discuss. Knowledge</p> <p>25 just kind of it occurs.</p> |
| <p style="text-align: right;">Page 355</p> <p>1 involvement with prescription opioids. Do you</p> <p>2 recall that?</p> <p>3 A. I do recall that.</p> <p>4 Q. And I believe you testified that you</p> <p>5 had never seen the package insert or label that</p> <p>6 comes with a prescription opioid. Is that</p> <p>7 right?</p> <p>8 A. I did say that.</p> <p>9 Q. And is that -- you've never read the</p> <p>10 package insert or the label that comes with</p> <p>11 prescription opioids. Is that right?</p> <p>12 A. I don't recall doing that, no.</p> <p>13 Q. So in your position with the opiate</p> <p>14 task force with Cuyahoga County, you've never</p> <p>15 read the warnings that accompany prescription</p> <p>16 opioids. Is that fair?</p> <p>17 A. In my recollection, I don't think</p> <p>18 that's something that we discussed as a task</p> <p>19 force. I don't recall that coming up like we</p> <p>20 talk about the surgeon general's warning on</p> <p>21 tobacco products, no.</p> <p>22 Q. Have you ever seen an FDA-approved</p> <p>23 label with any prescription medication that</p> <p>24 includes instructions for use and warnings and</p> <p>25 risks?</p> | <p style="text-align: right;">Page 357</p> <p>1 Q. Was it your understanding that that</p> <p>2 REMS program applies to certain prescription</p> <p>3 opioids?</p> <p>4 A. Yes.</p> <p>5 Q. Have you ever heard of the TIRF REMS</p> <p>6 program, the TIRF REMS access program?</p> <p>7 A. I have never heard of TIRF REMS.</p> <p>8 Q. Do you know what transmucosal</p> <p>9 immediate-release fentanyl is?</p> <p>10 A. No, I do not.</p> <p>11 Q. Are you aware that the FDA regulates</p> <p>12 advertising for prescription medications?</p> <p>13 A. It was contained in some of the</p> <p>14 documents that we went over today.</p> <p>15 Q. Was today the first time that you saw</p> <p>16 anything about the FDA regulating advertising</p> <p>17 for prescription medications?</p> <p>18 A. From my recollection, yes.</p> <p>19 Q. Do you know whether anyone at</p> <p>20 Cuyahoga County ever reached out to the FDA</p> <p>21 about any concerns related to direct-to-consumer</p> <p>22 advertising of prescription medication?</p> <p>23 A. I can't answer that.</p> <p>24 Q. Can you identify any prescriptions</p> <p>25 for opioids written in Cuyahoga County that were</p> |

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| <p style="text-align: right;">Page 358</p> <p>1 written on the basis of a misrepresentation made</p> <p>2 by any manufacturing defendant?</p> <p>3 A. I cannot do that.</p> <p>4 Q. Are you aware of any physician in</p> <p>5 Cuyahoga County who was misled by any</p> <p>6 manufacturer of prescription opioids?</p> <p>7 A. I am not.</p> <p>8 MS. FEINSTEIN: Thank you. I have no</p> <p>9 further questions. My colleague has a few.</p> <p>10 EXAMINATION</p> <p>11 BY MR. NORTEY:</p> <p>12 Q. Good evening, Mr. Caraffi. I'm going</p> <p>13 to go ahead and dispense with the niceties and</p> <p>14 get straight to the chase.</p> <p>15 Do you know whether defendants in</p> <p>16 this case include any retail pharmacies?</p> <p>17 A. I'm not aware of that.</p> <p>18 Q. Do you know whether the retail</p> <p>19 pharmacies played any role in the opioid crisis</p> <p>20 in Cuyahoga County?</p> <p>21 A. I'm not aware of that.</p> <p>22 Q. Do you have personal knowledge about</p> <p>23 any facts to support the claim of the basis of</p> <p>24 the lawsuit in this case?</p> <p>25 A. No, I do not.</p> | <p style="text-align: right;">Page 360</p> <p>1 (Reporter clarification.)</p> <p>2 Q. Have you or anyone in your department</p> <p>3 made any numerical calculation on the basis of</p> <p>4 those damages?</p> <p>5 MR. SMITH: Objection; form.</p> <p>6 A. Within my office, no.</p> <p>7 MR. NORTEY: Okay. I'll stop there.</p> <p>8 Thank you.</p> <p>9 MS. FEINSTEIN: Anyone on the phone</p> <p>10 have any questions?</p> <p>11 MS. McINTYRE: Jill McIntyre does</p> <p>12 not.</p> <p>13 MR. SMITH: Defense finished?</p> <p>14 There would be no redirect. We'll</p> <p>15 conclude the deposition.</p> <p>16 VIDEO TECHNICIAN: We're off the</p> <p>17 record at 7:03. This concludes today's</p> <p>18 testimony of Vince Caraffi. Total number</p> <p>19 of media units is five.</p> <p>20 (Deposition concluded at 7:03 p m.)</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> |
| <p style="text-align: right;">Page 359</p> <p>1 Q. Do you know the role of the retail</p> <p>2 pharmacies in the delivery of healthcare in this</p> <p>3 country?</p> <p>4 A. No, I do not.</p> <p>5 Q. Do you remember your testimony today</p> <p>6 regarding pill mills?</p> <p>7 A. I'm sorry, I didn't understand your</p> <p>8 question.</p> <p>9 Q. Do you remember your testimony today</p> <p>10 regarding pill mills?</p> <p>11 A. I do.</p> <p>12 Q. Do you know whether any retail</p> <p>13 pharmacies distribute to pill mills?</p> <p>14 A. I'm not able to answer that question.</p> <p>15 Q. Do you have any knowledge about the</p> <p>16 damage incurred by Cuyahoga County as a result</p> <p>17 of this case?</p> <p>18 MR. SMITH: Objection; form.</p> <p>19 A. Damages occurred would probably be</p> <p>20 lives lost and resources spent on the opioid</p> <p>21 epidemic.</p> <p>22 Q. Have you or anyone in your department</p> <p>23 made any type of numerical calculation on those</p> <p>24 damages?</p> <p>25 MR. SMITH: Objection; form.</p> | <p style="text-align: right;">Page 361</p> <p>1 C E R T I F I C A T E</p> <p>2</p> <p>3</p> <p>4</p> <p>5 I, PAULA S. RASKIN, Certified</p> <p>6 Shorthand Reporter and Notary Public, hereby</p> <p>7 certify that this deposition was taken before me</p> <p>8 on the date hereinbefore set forth; that the</p> <p>9 foregoing questions and answers were recorded by</p> <p>10 me stenographically and reduced to computer</p> <p>11 transcription; that this is a true, full, and</p> <p>12 correct transcript of my stenographic notes so</p> <p>13 taken; and that I am not related, nor of</p> <p>14 counsel, to either party, nor interested in the</p> <p>15 event of this cause.</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21 </p> <p>22 Paula Raskin, CSR-4/5/</p> <p>23</p> <p>24</p> <p>25</p> |

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| <p style="text-align: right;">Page 362</p> <p>1 Veritext Legal Solutions 1100 Superior Ave 2 Suite 1820 3 Cleveland, Ohio 44114 4 Phone: 216-523-1313 5 6 January 28, 2019 7 To: Scott Smith 8 9 Case Name: In Re: National Prescription Opiate Litigation v 10 Veritext Reference Number: 3202797 11 12 Witness: Vincent Caraffi Deposition Date: 1/23/2019 13 14 Dear Sir/Madam: 15 16 Enclosed please find a deposition transcript Please have the witness 17 review the transcript and note any changes or corrections on the 18 included errata sheet, indicating the page, line number, change, and 19 the reason for the change Have the witness' signature notarized and 20 forward the completed page(s) back to us at the Production address 21 shown 22 above, or email to production-midwest@veritext.com 23 24 If the errata is not returned within thirty days of your receipt of 25 this letter, the reading and signing will be deemed waived 26 27 Sincerely, 28 Production Department 29 30 NO NOTARY REQUIRED IN CA</p> | <p style="text-align: right;">Page 364</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3202797 5 CASE NAME: In Re: National Prescription Opiate Litigation v 6 DATE OF DEPOSITION: 1/23/2019 7 WITNESS' NAME: Vincent Caraffi 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me 11 I have listed my changes on the attached 12 Errata Sheet, listing page and line numbers as 13 well as the reason(s) for the change(s) 14 I request that these changes be entered 15 as part of the record of my testimony 16 17 I have executed the Errata Sheet, as well 18 as this Certificate, and request and authorize 19 that both be appended to the transcript of my 20 testimony and be incorporated therein 21 22 Date _____ Vincent Caraffi 23 24 Sworn to and subscribed before me, a 25 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: They have read the transcript; They have listed all of their corrections in the appended Errata Sheet; They signed the foregoing Sworn Statement; and Their execution of this Statement is of their free act and deed I have affixed my name and official seal this _____ day of _____, 20____ _____ Notary Public _____ Commission Expiration Date</p> |
| <p style="text-align: right;">Page 363</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3202797 5 CASE NAME: In Re: National Prescription Opiate Litigation v 6 DATE OF DEPOSITION: 1/23/2019 7 WITNESS' NAME: Vincent Caraffi 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me 11 I have made no changes to the testimony 12 as transcribed by the court reporter 13 14 Date _____ Vincent Caraffi 15 Sworn to and subscribed before me, a 16 Notary Public in and for the State and County, 17 the referenced witness did personally appear 18 and acknowledge that: 19 They have read the transcript; 20 They signed the foregoing Sworn 21 Statement; and 22 Their execution of this Statement is of 23 their free act and deed 24 25 I have affixed my name and official seal 26 27 this _____ day of _____, 20____ 28 29 _____ 30 Notary Public 31 32 _____ 33 Commission Expiration Date 34 35</p> | <p style="text-align: right;">Page 365</p> <p>1 ERRATA SHEET 2 VERITEXT LEGAL SOLUTIONS MIDWEST 3 ASSIGNMENT NO: 1/23/2019 4 PAGE/LINE(S) / CHANGE /REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 _____ 21 Date _____ Vincent Caraffi 22 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 23 DAY OF _____, 20____. 24 25 _____ Notary Public _____ Commission Expiration Date</p> |

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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